Clinical Lectures
ON
DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital,

BY HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO CHARING-CROSS HOSPITAL, AND LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE AT ITS MEDICAL SCHOOL.

LECTURE V.
ON BRONCHITIC ASTHMA.

(*Concluded from page* 148.)

CASE 2.—Charlotte S——, aged forty-three, a large, stout, florid, healthy-looking woman, except that she is rather cyanotic, with a venous look, her red inclining to purple, that her eyes are prominent, congested, and watery, and her shoulders raised and rounded,—was admitted into the hospital August 31st, as a case of emergency. She is by occupation a laundress, is a widow, and has always been very temperate and sober.

Up to eighteen months ago she was perfectly well—never had a day's illness. She then caught a severe cold, from getting wet through; this she neglected, and in a few weeks it fell upon her chest; she then began to cough and spit profusely, and was affected with pain passing through the sternum to the back; there was also considerable wheezing but no notable difficulty of breathing. This went on for five months, and she then came into the hospital under my care, with all the symptoms of bronchitis. A fortnight sufficed for her cure, and she left in that time perfectly well. About ten weeks ago she again caught cold, and her old symptoms of coughing, expectoration, and pains through the chest recurred; for these symptoms she put a mustard plaster to her chest. Three days after these symptoms appeared she was walking in the immediate neighbourhood of the hospital, when she was attacked with difficulty of breathing of so severe a character that she was unable to proceed, and was brought into the hospital in a half-asphyxiated state. She remembers nothing till the next morning, when she found herself in one of the wards of the hospital, with her chest blistered. When admitted, she was almost black, and the nurses told her the following day that they thought on her admission she was strangled. When I saw her early in the following afternoon she was still very dusky, sitting up in bed, and breathing with great difficulty. This was her first attack of real asthma. She remained in the hospital five weeks; had no more asthma; the bronchitic symptoms continuously improved; and she left quite well.

She had only been out of the hospital a week when the same state of things returned. She came to the hospital to see if she could get any medicine to relieve her, but was so bad that the resident medical officer did not think it safe to let her go away, and she remained as an in-patient. She was black in the face as before—the face swollen, the eyes, those who saw her said, as if starting from her head,—even her finger nails were black. The next day she was even worse; and in the afternoon was almost insensible from apnœal coma. The following day she began to amend; but she has remained with her breath worse since this last attack than it ever was before. She went on gradually improving for three weeks. She then had another attack, which, however, was stopped by an emetic. It then passed off, and she has had no severe attack since that time; but she has lived in a state of slight asthma ever since. The smallest exertion renders her breathless; and in the morning, up to about 12 o'clock, her breathing is very short and difficult. She is incapable of moving about, and coughs and spits, but not much. The difficulty of breathing then in a great measure goes off, and she remains free till about 7 o'clock, when the tightness of breathing again returns, and remains on and off all night. She sleeps well, however, though waking once or twice. Her cough, which is very constant, harsh, and dry, has a peculiar hissing or whispering sound accompanying it; and so has the breathing on any exertion—a sound very different from the asthmatic musical wheeze, and very much resembling the breathing and cough of narrowed glottis, or of aneurismal pressure on the windpipe. It evidently results from the hissing passage of air through a constricted channel; it does not amount to stridor, but comes very near it. The sound follows the cough, and, in breathing, attends both inspiration *and* expiration. It is certainly almost exactly like the hissing respiration of narrowed glottis.

Physical examination.—On listening to the chest, the breathing is found to be very harsh in the upper part of both lungs, the inspiration being unusually loud and rough. On getting down towards the base, this character is gradually lost, and the sound becomes soft and natural. On listening over the sternum, this harsh, rough, almost rasping character of the inspiration is still more marked; and, on passing upwards, it reaches its maximum at the manubrium and supra-sternal notch, where it is found to resolve itself into unusually harsh and loud tracheal breathing, amounting almost to a roaring, and heard here at inspiration and expiration alike, still, however, louder at inspiration. On working down the sternum, or across to either side, it becomes evident that the harsh inspiration heard in these situations is nothing but this tracheal sound, conveyed by the inspiratory current, and imparting its peculiar character to the respiratory murmur. The respiratory murmur, therefore, in this case, is of the tracheal type, closely analogous to that of aneurism and laryngitis, and strictly conforms in its indications to the cough and the character of the breathing as heard without the stethoscope. This harsh, loud inspiration is heard particularly well in the back, opposite the bifurcation of the windpipe and the roots of the lungs. Beyond this I hear no adventitious sounds worth speaking of. There is no crepitation anywhere, not a trace of moist sound, and only the slightest musical sibilation in one or two spots. The respiration at the left base in front is slightly feebler than elsewhere, but is still of perfectly natural character.

To what diagnosis do the various circumstances of this case point? How are we to reconcile the clinical phenomena with the physical signs—the urgent dyspnœa and cyanosis with the universal presence of respiratory murmur, the evident access of air to all parts of the lung and the absence of bronchial sounds, moist or dry? Three things are evident: that there is some cause of great impediment to the aëration of the blood; that this interference with blood-aëration varies very much in degree, and is paroxysmal; that there is no source of stricture (at the time the patient was being listened to) in the bronchial tubes proper, but that there is some very considerable source of stricture in some part of the air-passages, and this auscultation locates at the bottom of the windpipe. We have, then, two things present—paroxysmal dyspnœa, and tracheal narrowing. Is the one entirely dependent on the other? Is the dyspnœa entirely dependent on the narrowing of the windpipe? I think clearly not: if it were, then we should have no necessity for introducing the hypothesis of asthma. But, looking at the seat and probable nature of the tracheal narrowing, I do not think it can be the sole cause of a paroxysmal dyspnœa so violent as that which we have seen in this woman, or that we can satisfactorily explain that paroxysmal dyspnœa without the supposition of bronchial spasm. If the narrowing were higher—at the larynx—we *could* do so, as then we might have laryngeal spasm in addition to inflammation, and any amount of paroxysmal narrowing. But the stethoscope tells us that the seat of the narrowing is the lower part of the windpipe, where the tracheal rings prevent any notable diminution of calibre. Moreover, there can be no doubt that the source of narrowing is inflammatory, and this cannot come and go in the rapid way that we see this woman's dyspnœa come and go. If the dyspnœa always varied in proportion to exertion, or any other increased demand on the respiratory function, then it would be conceivable that a fixed narrowing might be compatible with a paroxysmal breathlessness of even great urgency; for a supply of air sufficient for all the requirements of tranquil breathing might utterly fall short of the demands occasioned by exertion, and then the struggle for getting more air would occur, and the demand not being satisfied, cyanosis would result. But this is not the case;

the dyspnœa comes on when the patient is sitting or lying quite still. It is clear, then, that we have here a complex condition—that asthma is present, and that bronchitis, or rather tracheitis, is present; and from the history of the case, and from the sequence of events, there cannot be a doubt that the tracheitis is the leading circumstance, and constitutes the essential and substantive condition.

And here I would call your attention to the fact that the seat of the irritation here is not in the same locality as the asthmatic spasm. In true, strict, bronchitic asthma, as in the case of George W——, it is; but here it is not. In true bronchitic asthma, the seat of the inflammation is the seat of the spasm; the tube contracts because it is inflamed, and therefore irritable, at that very part; but here the inflammation is situated at a point where, from anatomical structure, muscular narrowing is impossible; while at the part where narrowing does take place during the paroxysms, we have no evidence that there is any inflammation whatever. I have seen just the same thing before. I have seen more than one case in which the asthmatic state was started and continually renewed by an inflamed and irritable condition of the mucous membrane strictly confined to the windpipe. Essentially it is the same thing; essentially tracheitic asthma is the same as bronchitic, the only point of difference being the length of the reflex path through which the source of irritation acts. In the case of bronchitic asthma this path is very short, and involves merely the almost microscopical reflex nervous apparatus intrinsic to the tube itself—afferent filament, microscopic ganglion, and efferent filament—what we may call the physiological reflex nervous system of the part. In the case of tracheitic asthma the path is much longer, and transgresses this physiological limitation.

There are two points in G. W——'s case that are worth directing your attention to for a moment. We see in him the two commonest and most distinctive of all the premonitory signs of asthma,—a sense of dulness, and heaviness, and drowsiness before a severe attack comes on, and the passage of a large quantity of white, limpid water. Both these symptoms are nervous symptoms; they arise from that state of nervous system of which the attack is the after-expression, and they evince the truly asthmatic nature of the case. The other point, which is common to the case of Charlotte S——, is the occurrence of the asthma *every* night. Whenever this is the case, I conclude the asthma to be bronchitic, independent of any other circumstance. In cases that are not bronchitic, this unvarying nocturnal occurrence is rare. What is its explanation, and why should it imply the existence of a bronchitic state? Because it shows that there is some abiding organic condition, lying *perdu*, which inevitably excites the asthma as soon as reflex activity is induced by sleep; and because, as a matter of fact, this organic condition is, in the great majority of cases, some form and degree of bronchitis. Probably, too, the bronchial congestion is, from the recumbent posture, and the state of the circulation and the respiration in sleep, greater at that time; and no doubt, also, the mucous accumulation so common in these cases during sleep, itself acts as a local irritant.

In bronchitic asthma it is the rule for the bronchitis to exist some time alone, in many cases for years, and for the asthma to show itself as an after-development. This was the case in both these patients. The cough and expectoration preceded the dyspnœa, in the case of Charlotte S——, by fifteen months, and, in the case of George W——, by nearly thirty years.

As a rule, I lay it down (indeed I have already mentioned it to you in this lecture) that bronchitic asthma is worse in winter than in summer; and so you will generally find it. And in any case in which you find that the asthma is a winter asthma, you may make up your mind that it is bronchitic. But these two cases are both exceptions to this rule. They are both undoubtedly examples of bronchitic asthma; and yet they are both of them worst in the hottest weather of summer. Now, what does this show? It shows that asthma, whenever and however established, obeys the law of asthma; that although the morbid irritability of the pulmonary nervous system, in which it essentially consists, may be originally started by some one particular and single cause, yet, when once established, it is capable of being excited by many other sources of irritation, of a nature entirely diverse from that which laid the foundation of the original irritability, and which, before that irritability was established, would have had no effect whatever. It is the law of asthma to be worse in the hot, oppressive, thundery weather of late summer and early autumn—a kind of weather that seems to increase nervous irritability; and although in any particular case the asthmatic tendency may have been called into existence solely by bronchitis, the causes of which are least in operation in that kind of weather and at that time of the year, nevertheless, the asthmatic irritability, being once established, is amenable to any influence that exalts nervous irritability, although that influence may be one the most opposed to anything like bronchitis.

I have seen just the same thing with regard to the production of asthma by food. I have seen people able to eat anything and any when, breathing as well and sleeping as soundly after a heavy supper as if they had gone empty to bed: the taking of food had no relation to their breathing whatever. But they have become bronchitic, and the bronchitis has developed asthma, and from that time they could never eat late in the day, or partake of certain things, without inducing asthmatic breathing.

To return for a moment to the question of diagnosis. I do not think that to enable you to pronounce asthma to be bronchitic it is essential that the symptoms of bronchitis must necessarily be present. No doubt in the majority of cases they *are* present, and conspicuous, as in the cases of W—— and S——; no doubt most cases of bronchitic asthma are simply cases of bronchitis *and* asthma: but I do not think this is necessarily the case. If you can be sure that the cause of the asthma is such as can only act by producing bronchial hyperæmia, you are justified in considering the case one of bronchitic asthma, although no substantive evidences of bronchitis exist. For example, if a child never has asthma except after having taken a cold—after coryza, sneezing, &c. (a very common thing),—you are justified in saying that the asthma is bronchitic, although it may have manifested itself so immediately upon the symptoms of catarrh that no puerile bronchitic symptoms—cough, moist bronchial sounds, &c.—have had time to develop themselves. You know that this is so, because you know that, between catarrh on the one hand and asthma on the other, bronchial hyperæmia is the only connecting *tertium quid*.

Then as to nomenclature. Although most cases of bronchitic asthma are, as I have said, cases of bronchitis *and* asthma, it would not be right to say that all cases of bronchitis and asthma are cases of bronchitic asthma, for some of them it would be much more correct to call cases of asthmatic bronchitis. In a large number of cases of bronchitis I believe a certain trace of asthma is present, but it would not be at all correct to say that they are therefore not cases of bronchitis. Whether you shall most appropriately call a case in which the symptoms of both diseases are present bronchitic asthma or asthmatic bronchitis depends upon which furnishes the bulk and *gravamen* of the symptoms. This you will generally have no difficulty in determining, although I must admit there are cases in which you will.

In the *treatment* of these cases there are, as I have already intimated, two distinct indications to be kept in view—the relief of the asthma whenever it occurs, and the cure of the bronchitis which lies at the root of it: the first mere palliative treatment, the other radical; the first for ever recurring, the second, when successful, final and complete. The direct treatment of the asthma in these cases is often less efficacious than in others, because the exciting cause—bronchitis—being ever present, tends to keep up the asthma in spite of remedies, and to restore it as soon as the influence of the remedy is over; the good effects of our treatment are therefore less complete and more short-lived. In fact, these cases are the most intractable of any cases of asthma we come across, and our patients, about whom I have been speaking to you, are good examples of this intractableness. I have run through the whole list of asthmatic remedies, with no result but a temporary mitigation of the symptoms. Neither patient has been completely free from asthma for one single twenty-four hours since admission into the hospital. In W——'s case the remedies that have given most relief are smoking stramonium, inhaling fumes of burning nitre paper, lobelia *ad nauseam*, hot strong coffee, and a mixture containing belladonna, hyos-

cyanus, bromide of potassium, and hydrocyanic acid. Latterly he has been taking succus conii with iodide of potassium in gradually-increasing doses, from five grains up to twelve, three times a day. Under this I think he has improved more than under anything else. The treatment of Charlotte S—— has been very much the same, but I think she has derived even less benefit from it. I think that smoking, nitre paper, coffee, and iodide of potassium have done her absolutely no good whatever. An emetic of a drachm of tincture of lobelia in the morning seemed to relieve her somewhat, and lessen the morning tightness and stuffiness. But what has seemed to do her incomparably the most good of all has been ether. This has proved in her case a veritable remedy. And I the more particularly mention this because, in spite of its reputation, I have formed a very poor opinion of ether as a remedy for asthma. In the hundreds of cases that I have treated, I do not think I have found ether do good in half a dozen, so that of late years I have entirely given up prescribing it; and in this case I feel sure it must have been ordered by the resident medical officer, and not by me. Here, then, we see the only efficient remedy one that I should place at the very bottom of the list. This is but an example of how irregular asthma is in its behaviour to remedies.

What, now, would be the result of sending such cases as these to some mild climate—some place where you would have summer, or something like summer, all the year round—some warm spot in the south-west of England; or, still better, the Mediterranean, or the Cape, or Australia? It is utterly impossible to say. If you ask me what will be the effect of sending a case of bronchitis to some specified locality, I will tell you with something like certainty. If you ask me what will be the effect of sending a case of phthisis to some specified locality, I will tell you with a great degree of probability. But if you ask me what will be the effect of sending to any fresh locality a case of asthma, my reply will be that nothing short of inspiration will enable me to answer you. The behaviour of asthma under the influence of climate is so arbitrary and so capricious that it is impossible to predict in any given instance what it will be. If these cases were cases of simple bronchitis we should know exactly where to send them. But it unfortunately happens that the very place that is the best for the bronchitic element of the case, and under the influence of which the bronchitic symptoms would at once disappear, may be the very worst for the asthma—the coughing and spitting vanish, but the asthma becomes so violent and so continuous that after trying to maintain the struggle for a few days the patient is obliged to fly for his life. We see our patient gradually going to the bad in the direction of bronchitis as long as he is in London, and we feel bound to send him where we know this downward progress will be stayed; but perhaps the very first night he is at Bournemouth, or Torquay, his asthma appears, and in a few days renders his life insupportable. As long as he is in London he is free from his asthma; as long as he is at Torquay he may bid defiance to his bronchitis; but in London he dies of his bronchitis, and in Torquay he dies, or worse than dies, of his asthma. This is a dilemma in which I have been placed over and over again. After sending my patients away I have had them back again in town within a week; and I never now send a case of bronchitic asthma southwards, or to any new locality, but with fear and trembling.

Sometimes, however, the climatic treatment of these cases is perfectly successful, not only for the bronchitis, but for the asthma too. The improved condition of the bronchial mucous membrane which inevitably results produces an immediate diminution of the tendency to bronchial spasm, and the paroxysms of dyspnœa vanish in the wake of the cough and expectoration. For such cases this treatment is complete and final; that is final as long as they are resident in the appropriate locality; and they are among the most satisfactory that can come under our care. It is always worth while, therefore, in any case to give such treatment a trial; it may turn out a perfect success; and even should it not, breathing time (in one sense) has been given to the bronchitis, and a stop has been temporarily put to the downward progress of the case. You feel that in London, or wherever the bronchitis persists, your patient *must* die, that his tether cannot be long extended. Whatever the increased asthma may do for him, it cannot do worse than the bronchitis is doing. Of the two diseases the bronchitis is the most lethal, the most death-fraught, because it is organic and cumulative. I am sure I have seen life prolonged in such cases by sending them to the south of England, or the south of Europe, even although the asthma has been greatly increased. They have come back telling me that they have hardly coughed or spit since they have been away, with a marked improvement in their appearance, and in the condition of the lungs; and yet, perhaps, their asthma has given them hardly any respite since the day they left. Unfortunately, we have it much less in our power to prescribe this treatment for our hospital patients than for our private ones; at least we can prescribe it, but they are not able to carry out our advice. Until lately, such treatment was absolutely unattainable by them. Now, however, thanks to the many convalescent institutions and sanatoria that are springing up in localities favourable to lung affections, we can extend the inestimable boon of this treatment to a certain number of them; and I consider this blessing one of the most beneficent results of what may be called the "Convalescent movement." It is my intention, if possible, to send both these cases to Eastbourne, or Seaford. As for the result, I can tell you, beforehand, precisely what it will be, as far as the bronchitic symptoms go; they will, as lawyers say, "cease and determine"; all purulence of expectoration will disappear; and there will be no more cough than is necessary for the discharge of any asthmatic sputum. But whether the asthma will take its flight on the wings of the bronchitis, or develop itself with redoubled violence, neither you, nor I, nor any one else can tell.

It may seem a strange thing to you that asthma called into existence by bronchitis should assume to itself a reaction in relation to locality so different, so opposite, I may say, from that of the disease which lies at the root of it. But it is only another example of what I have already pointed out to you (when referring to the fact that some of the worst attacks in these two cases had occurred in the summer)—that, however set going, asthma when once established asserts for itself what may be called a pathological independence; it comports itself as asthma, not as a symptom of bronchitis, or as a symptom of indigestion, but as asthma. Now it is, one may almost say, a *law* of asthma for it to be better in the air of great cities.

The prognosis of such cases is very unfavourable. The symptoms work in a vicious circle, reacting one upon the other, each tending to keep the other up, and so mutually becoming self-supporting: the bronchitis might subside were it not for the asthma; the asthma might subside were it not for the bronchitis. The bronchitis renders the lining membrane of the air-tubes more sensitive and irritable, and the irritable membrane takes cognisance of sources of irritation of which it ought to be unconscious, and transmits them on as stimuli to the contraction of the bronchial muscle. Moreover, the inflamed membrane itself becomes a source of irritation adequate, during sleep, to the production of reflex spasm of the tubes. Moreover, again, the mucus that is poured out, and especially during sleep and recumbency, becomes, I am sure, by its vibration during breathing, in the production of rhonchus, a mechanical source of irritation that would not, I dare say, produce asthma as long as the patient was awake, but which certainly will during sleep. The bronchitis, then, thus keeps up the asthma, and will not allow it to subside. But the asthma, also, keeps up the bronchitis. At each attack of asthma the lungs become congested from apnœal stasis. This congestion involves the bronchial mucous membrane; and this bronchial congestion favours the development and permanency of the bronchial inflammation. For it is a fact about which there can be no doubt, that bronchitis is much more prone to occur in lungs that are the seat of chronic congestion than in those which are not. See how apt a spurious kind of bronchitis is to be developed in the later stages of heart-disease. Bronchial congestion and inflammation run into one another, and are not to be separated by any sharp line of demarcation. And thus the asthma keeps up the bronchitis, and the bronchitis keeps up the asthma; and there is no end to it. And this vicious circle of reactions is, unfortunately, a constantly widening circle: the bronchial muscle continually thrown into action becomes hypertrophous, the mucous membrane repeatedly inflamed becomes thickened, so that the narrowing of tumidity is

added to the narrowing of spasm, while to the apnœa of narrowing is added the apnœa of infarction; then comes emphysema to contribute its share, alike a consequence and a cause; and finally comes œdema of the most congested portion of the lung, the high-water mark of which, so to speak, is continually rising. Lastly, we must not omit, in this series of mischievous reactions, the heart. The obstruction in the pulmonary circulation distends and dilates the right ventricle and auricle; the dilated and distended right heart, like a distended bladder or bowel, loses power in proportion to its distension, carries on the pulmonary circulation more feebly, and becomes less able to contend with the obstruction in front of it. And so things gradually go on, ever nearing, more and more, the one inevitable catastrophe.

ON

THE OPERATIONS PERFORMED IN THE GENERAL INFIRMARY AT LEEDS,

DURING A PERIOD OF OVER SIXTEEN YEARS, FROM THE END OF NOVEMBER, 1852, TO MAY, 1869;

WITH REMARKS THEREON.

BY THOMAS NUNNELEY, F.R.C.S.E.,
ONE OF THE HONORARY SURGEONS.

(*Continued from page 155.*)

STONE

(137 operations).

Of these 112 were lithotomy, and 25 lithotrity operations.

Of the 112 *lithotomy* operations, 98 recovered, and 14 died: equal to 8 recoveries to 1 death, or 1 death in every 9 cases.

	No. of Cases.	Recoveries.	Deaths.
Under 10 years old	55 ...	51 ...	4*
Above 10 and under 20 ...	19 ...	18 ...	1
„ 20 „ 30 ...	18 ...	6 ...	2†
„ 30 „ 40 ...	3 ...	2 ...	1
„ 40 „ 50 ...	10 ...	8 ...	2
„ 50 „ 60 ...	15 ...	12 ...	3‡
„ 60 „ 70 ...	2 ...	1 ...	1
	122	98	14

Of the 25 *lithotrity* cases, 20 recovered, and 5 died: equal to 1 death to 4 recoveries, or 1 in 5. Of these there were—

	Cases.	Recoveries.	Deaths.
Under 10 years of age ...	2 ...	2 ...	0
Above 10 and under 20 ...	0 ...	0 ...	0
„ 20 „ 30 ...	4 ...	2 ...	2
„ 30 „ 40 ...	6 ...	5 ...	1
„ 40 „ 50 ...	2 ...	2 ...	0
„ 50 „ 60 ...	3 ...	3 ...	0
„ 60 „ 70 ...	6 ...	5 ...	1
„ 70 „ 80 ...	2 ...	1 ...	1
	25	20	5

It should be stated that this record ought not to be used for the purpose of comparison with other returns of lithotrity, nor for contrasting the results of it with lithotomy, inasmuch as the greater number of deaths occurred when the operation was first practised in the infirmary. The later operations have been much more successful than the earlier were.

PERINEAL SECTION.

Of this operation 47 cases are recorded, of which 39 were successful, 3 failed, and 5 died. In all these 5 fatal cases, rupture of the urethra and large effusion of urine had occurred before admission into the infirmary. Of these there were—

	Cases.	Recoveries.	
Under 20 years of age ...	13 ...	10 ...	3 failed
„ 40 „ ...	12 ...	11 ...	1 died
„ 50 „ ...	9 ...	7 ...	2 „
„ 60 „ ...	8 ...	7 ...	1 „
„ 70 „ ...	5 ...	4 ...	1 „
	47	39	5

It may here be proper to explain that the large number of perineal sections as compared with the very small number of paracentesis of the bladder—and the contrast would have appeared still greater had the return been brought down to the end of the present year, for 7 perineal sections have been done within the last six months,—arises from our finding what complete and (with due subsequent attention to passing an instrument) permanent success attends the section.

I find recorded only 2 cases of *tapping the bladder*. Both were done through the rectum, in old, broken-down men: one was relieved, the other died.

STRANGULATED HERNIA.

Of operations for this affection there have been recorded 111; of which 53 were for inguinal, 54 for femoral, and 4 for umbilical.

Of the 53 cases of inguinal, 34 recovered, 19 died
„ 54 „ femoral, 37 „ 17 „
„ 4 „ umbilical, 2 „ 2 „

Of the 34 successful cases of inguinal hernia, the average age was 35; of the 19 fatal cases it was 47.

Of the 37 successful cases of femoral hernia, the average age was 53, and of the 17 fatal cases it was also 53.

The average age of the 2 successful and the 2 fatal cases of umbilical hernia was alike—50 years.

There was only 1 *colotomy*, aged 53, which was unsuccessful.

I believe that the greater proportion of successful femoral than of inguinal hernia operations is to be accounted for by the more acute and painful symptoms in strangulated femoral hernia inducing earlier attention and treatment than are given in the often long-standing inguinal form, in very many cases of which long delay and repeated violent attempts at reduction had induced gangrene of the gut before the patient was sent to the infirmary.

Unfortunately, there is no record sufficiently precise to be depended upon of the cases in which the peritoneal sac was opened or not. In a considerable number it was not opened, and I feel sure with the effect of very greatly diminishing the fatality. If possible, I never open the sac unless there be reason to suspect gangrene of the gut has already taken place, or is impending, and the gut will probably give way. I can hardly recollect a case where the sac has not been opened in which the patient has not quickly recovered.

The small number of umbilical hernia operations is well accounted for by the fact of so many cases in the end yielding to treatment; the great proportionate mortality in this form when the sac has to be opened, and the frequently chronic character of the symptoms, inducing every effort to be made to avoid operation.

Only 38 cases of TAPPING FOR OVARIAN DISEASE are recorded, though I believe the number must have been greater. Of these 10 are entered as fatal.

OVARIOTOMY was performed 25 times: 12 of the patients recovered, and 13 died. Here it ought to be mentioned that the success has been greater in the latter than in the earlier period over which the record extends.

There were 16 cases of VESICO-VAGINAL FISTULA operated upon, of which 2 were cured, 11 more or less improved, and 3 failed; and 4 cases of *Recto-vaginal* fistula, of which 1 was cured and 3 failed.

PLASTIC OPERATIONS are entered as numbering 174. Of these, 75 were for hare-lip, single or double; 4 for cleft palate, 2 of which were cured and 2 greatly improved; 3 were rhinoplastic operations, 2 of which were tolerably successful, considerable improvement being gained, and 1 only partially so. The remaining 91 operations were nearly all for contracted cicatrices after burns: of these, 49 were of the face and neck, of which 40 are entered as cured, 7 as improved, 1 no better, 1 dead; 2 were of the chest, both of

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* Of these cases, one was that of a child four years old, whose case was an easy and simple one. He died, on the third day, in a convulsion, when, for the first time, his mother said she had often expected him to have died in a convulsion, to which he was very subject.

† One of these fatal cases was a small girl of weak intellect, who had an enormous stone, upon which the bladder was closely fitting. The stone measured five inches in its short circumference, and six inches in its long. It resisted all possible attempts to break it by lion and other forceps. Though the urethra had been for two days dilated with laminaria sticks, and three incisions were made in it at the time of operation, sloughing followed.

‡ One of these men died instantaneously, while sitting up in bed eating his breakfast, when nearly well. The heart was loaded with fat. He had been a great gin-drinker.

which were improved; 40 were of the upper extremity, of which 32 are entered as cured, 6 improved, and 2 failed.

I feel bound to say that I suspect this record is too favourable, arising from the fact (which is a difficulty common to all hospitals) that the entries of the results have been made at the time the patient left the infirmary, and have not been corrected after subsequent observation of them, which is essential for arriving at accurate conclusions. Satisfied as I am of the immense value of the operation, I can hardly believe the number of positive cures is so great as is recorded. I should prefer to have said "relieved" to more, and "cured" to a less number of the cases.

Of NÆVUS only 60 cases are recorded. Probably five times this number have been treated; but as only the larger and more serious forms have been taken into the infirmary, only these have been entered. Of the 60 entered, 54 were situated on the head or face, 52 of which were cured, 1 relieved, and 1 (in which enucleation was practised) died; 4 were on the body, which were cured, as were 2 on the lower extremities. These numbers are sufficient to confirm what indeed is well known, how commonly nævi are situated on the head and face as compared with the trunk, and still more so with the extremities, particularly the upper. They were treated by excision, ligature, subcutaneous ligature, setons, nitric acid, nitrate-of-silver probes, and occasionally by enucleation, according to their position and extent, and the size and activity of the bloodvessels involved.

TUMOURS of all kinds removed by operation are set down as 312, nearly all of which were removed by excision. Of these there were situated—

On the head	20;	of which	19	recovered,	1	died.
„ face and neck ...	93;	„	91	„	2	„
„ breast...	84;	„	78	„	6	„
„ back	21;	„	21	„	0	„
„ body	34;	„	34	„	0	„
„ upper extremity,	38;	„	37	„	1	„
„ lower extremity,	22;	„	20	„	2	„
	312		300		12	

The age varied from 1 year to 72, 75, 77, and 80, all the 4 latter recovering. The ratio of recoveries to deaths is as 25 to 1; or, excluding those of the breast, the majority of which were large operations for malignant disease, where the proportion of recoveries was 13 to 1 death, and the deaths in operations on the lower extremity, which were for the removal of very large and deeply-seated fungoid tumours, 1 death to 55 recoveries. Surely such important operations as these—large plastic, lithotomy, excision of joints, and the like—cannot pass for nothing when the question of hospitalism is discussed; they must be included in the calculation of proportions of failures to recoveries.

Of TRACHEOTOMY and LARYNGOTOMY only 14 cases are recorded. The ages varied from 1 to 66 years. Of the 14 cases, 7 were cured, 2 relieved, and 5 died.

Of EXCISION OF THE JAW only 10 cases are entered; of which 6 were of the lower and 4 of the upper jaw; the average age of the former being 40 years, that of the latter 54 years. Of the lower-jaw cases, 3 recovered and 3 died; of the upper-jaw, 1 recovered and 3 died. In these cases there must have been some exceptional cause for the unusual mortality, for, during the same period, I have operated in private upon 13 cases, with 12 recoveries and 1 death.

The ENTIRE TONGUE has been removed 8 times in the infirmary (not including ten or twelve cases in which greater or less portions were taken away), and 7 times out of it, with uniform success so far as the operation itself is concerned.

The PENIS has been amputated 29 times, in each instance for malignant disease. 28 cases were successful; 1 was fatal.

The TESTIS is entered as having been removed in 10 cases, 8 of which recovered, and 2 died. The average age of the 10 cases was 32½ years.

During this period there were many cases of *Hæmatocele*, which are only partially recorded, where the scrotum and tunica vaginalis were freely laid open and the fibrinous clots turned out, with, so far as is recorded, uniform success.

TREPHINING for fracture and depression of the skull was done in 19 cases; 2 of which were simple depressed fractures, 11 were compound, and in 6 the dura mater was torn and the brain wounded. Of the 2 cases of simple depression, 1 recovered and 1 died; of the 11 cases of compound fracture only 2 recovered, 9 died; of the 6 cases in which the dura mater was torn and the brain lacerated, 5 died, and only 1 (a boy aged 12) recovered. So that out of the 19 cases in which the broken and depressed bone was removed, only 4 recovered. In some of the cases the brain was extensively lacerated. During this period a much larger number of cases, of both simple and compound fracture of the skull, were admitted, but, not being operated upon, no record of them has been kept, at least in an accessible form. I may, however, speaking from recollection, say that a larger proportion of those recovered where no operation was done than in those operated upon. This, most probably, is to be explained by the fact of trephining having been practised only in the most serious and unpromising cases.

Three cases of *trephining fractured spinal columns* have been done: 2 of the lower dorsal vertebræ, and 1 of the upper. One of the former cases recovered, and lived for nearly three years, when he died from consumption, to which his family are prone; the others died, and in both the medulla was found to have been torn.

ANEURISM.—28 cases of operation for aneurism are recorded. Of these, 2 were of the subclavian artery, both being fatal; 9 were of the common carotid, 7 of which recovered, and 2 died; 17 were for aneurism of the external iliac, femoral, or popliteal arteries, of which 9 recovered and 8 died; the average age of the successful and fatal cases being very nearly the same.

23 cases of *Varicose veins* were operated upon, almost exclusively by placing pins under the veins and twisting thread or wire over them. All the cases were cured. Of these, 4 were varicocele; 19 varicose veins of the lower extremity, and in most instances of both legs. The average age of the 4 varicocele cases was 20½ years; of varix of the lower extremity it was 38 years.

DISLOCATIONS.—The great proportion of dislocations of the upper extremities being treated as out-patients, only an imperfect record of the number has been kept. I find but 65 entered. Of these 32 were of the shoulder, 28 of which were reduced by manipulation—the heel in axilla, and the pulleys in a few instances; 2 cases, of some standing, could not be reduced, but, the adhesions having been partially broken down, motion was improved. In 2 cases, which were of many weeks' (three months or more) standing, fracture of the humerus, just below the neck, occurred before any great force had been used. In both the bones united by ligament; and, as more motion was obtained, both patients thought themselves rather improved than otherwise by the attempt made. 4 dislocations of the elbow were easily and successfully reduced. One case was a dislocation of the knee backwards, in which the condyles pressed so greatly upon the popliteal artery and vein that the leg was becoming gangrenous fifteen hours afterwards; reduction, so as to gain an excellent but not completely straight leg, was effected. 28 dislocations of the hip occurred. The oldest man was 73 years of age, the youngest boy only 2½; both cases were easily reduced by manipulation. Of the remaining cases, 12 others were reduced by manipulation, 12 by the pulleys, and 2 could not be reduced, or, being reduced, the head of the bone immediately got displaced again. In these there was probably fracture of the acetabulum also. However, both patients, the one a man, the other a woman, after some weeks of bed, recovered good limbs, so as to resume their usual occupations, using a high-soled shoe.

EXTIRPATION OF EYEBALL.—I have not thought it necessary to include in these returns operations upon the eye and its appendages, which, however delicate, can hardly be called important as affecting the ratio of hospital mortality, with one exception, which should be included among the more serious—extirpation of the eyeball, and, not unfrequently, of the entire contents of the orbit as well. This operation appears to have been done 35 times, with 34 recoveries and only 1 death.

(To be concluded.)

AT the recent annual meeting of the governors of the Lincoln Dispensary it was stated that the new constitution of the medical department, which had been in operation eight months, was found to work satisfactorily. The change, it will be remembered, involved the addition of two paid medical officers to the staff.

CARBOLIC ACID:

ITS THERAPEUTIC POSITION, WITH SPECIAL REFERENCE TO ITS USE IN SEVERE SURGICAL CASES.

BY JAMES MORTON, M.D., L.R.C.S. EDIN.,
PROFESSOR OF MATERIA MEDICA, ANDERSON'S UNIVERSITY; LATELY SURGEON, GLASGOW ROYAL INFIRMARY.

(*Continued from page 157.*)

Comparative trial.—So far as we are informed hitherto, this method has not been submitted by its proposer to any comparative trial. At all events, no such thing has been published, and the profession is entitled to conclude that it has not been done. It has been accepted as a foregone conclusion, and with unwavering faith. Philosophic doubt seems to have been discarded; even Mr. Lister's medical brethren are scarcely allowed to doubt; or, if they venture to express any doubt, they are very plainly told that they fail to understand it. This may be called the "house of refuge" when arguments become scarce; unfortunately it is overcrowded, and, like our old friend, nature, rather antiquated.

Though the wards under my care in the Glasgow Royal Infirmary had not been infested with pyæmia to the same extent as some others were, yet, hearing much of the benefits alleged to follow the use of carbolic acid, I resolved to put it to a comparative trial. This was done, so far as opportunity offered, during the last year of my incumbency there, my term of eight years' service expiring in the end of October, 1867. I caused wounds, compound fractures, and some other cases to be treated in classes, as follows:—

1. With solutions of carbolic acid in oil, and the carbolic-acid putty, applied *secundem artem* by my assistants, who were familiar with Mr. Lister's mode of using these.
2. With pure oil.
3. With common putty and oil—that is, putty without the carbolic acid.
4. With dry lint alone, or lint soaked in the blood from the wound.
5. Water—as water dressing, or in the form of irrigation.

These experiments were conducted as faithfully and as impartially as they possibly could be; and it is not unworthy of mention that my assistants were believers in the efficacy of carbolic acid, whereas I was doubtful of it. I will not detain the Society with the detail of all these cases, but I may here state that the conclusion I then arrived at was that carbolic acid was certainly not superior, barely equal, to some of the other antiseptics in common use. It happened also that some of the most dangerous cases, and consequently those in which the success was the most striking, were treated without it.

A few of the cases we must refer to in illustration of the trial given to this agent. It is proper to state, however, that the reports of the cases were framed entirely by the assistants in the infirmary, all young medical men or advanced students, who professed a decided belief in Lister's method, had been taught their surgery by him, and who had little experience of any other mode of managing wounds and other surgical lesions. That the reports are in some respects very imperfect will be very readily perceived; but the very same character will satisfy all that they have not suffered from what is known as the process of "cooking." One or two private cases have been shortly described by myself. As I have alternated the cases according to the varied dressings used, I shall note the particular agent employed at the beginning of each report. Mr. Lister's own mode of dressing, so far as then known, was most faithfully adhered to.

CASE 1. *Treated by carbolic acid.*—Robert F——, aged thirteen, a calico printer, residing at Nitshill, was admitted on Sept. 25th, 1867, with lacerated wound of the arm. He states that he was pitched from a machine on to the road. The wound is very deep, situated transverse to the axis of the limb, and a few inches below the elbow-joint on its anterior surface. The edges were stitched together by a medical man outside, and an acupressure pin was employed to stop the hæmorrhage. The stitches were taken out, and the wound swabbed with strong carbolic acid. The wound was stitched up again, the acupressure needles were left in, and carbolic-acid paste applied. To have four ounces of port wine.

Sept. 26th.—Reapplication of the carbolic-acid paste. Doing well.

27th.—Boy complains of a little pain. There is also a slight blush of redness on the arm. Acupressure pins removed; dressed with carbolic-acid paste.

28th.—There still exists the inflammatory redness in the arm; but to no serious extent. Carbolic dressing as before.

29th.—The inflammatory redness in the arm is more severe to-day. Dressing taken off, stitches removed, and a considerable amount of pus escaped (undecomposed). Poultice applied, with hot fomentation over it.

Oct. 5th.—This evening there was hæmorrhage from the wound. When I called to see it, however, it had ceased. The boy has lost a considerable amount of blood. Cold applied.

8th.—Hæmorrhage occurred again early this morning. The bleeding appeared to come from the radial and ulnar arteries, which have probably been cut across. Two acupressure pins were introduced in the line of the axis of the limb, and secured with wires.

9th.—This morning bleeding occurred from the two bleeding points previously secured. A large-sized acupressure pin was introduced transversely above the bleeding points deep in the tissues. Hæmorrhage securely controlled; then the other two pins were removed. This latter mode is infinitely more secure; but it has the disadvantage of interfering with the circulation in the other vessels, which my first plan avoided. The boy, however, had lost so much blood that I had to adopt the latter mode.

Nov. 16th.—Dismissed well.

Remarks.—This case presents an instance of the occurrence of suppuration in spite of the careful use of carbolic acid; and it may be well to remind you, that Mr. Lister claims that carbolic acid, applied according to his plan, prevents erysipelas, suppuration, and pyæmia. In this instance an objection may be raised that the carbolic acid was not employed at the very first, and thus had not fair play. That it was well applied I can testify.

CASE 2. *Treated with pure oil.*—Thos. E——, aged twenty-three, a carter, residing at Anderston, was admitted on the 6th September, 1867, with an abscess of the knee-joint. About three weeks ago patient was struck over the front of the knee by some grappling irons, causing a rather severe wound. Under medical care this healed up, but the knee became very painful and swollen. Leeches and poultices were applied, without much alleviation of pain. On examination, the knee was found swollen, and fluctuation could be felt. Dr. Morton opened the abscess on the outer aspect of the joint, when about three ounces of pus escaped. This was done on the carbolic-acid principle, but the lint and putty only contained oil and chalk. There was considerable bleeding, which had to be controlled by means of an acupressure pin and wire. Dressed with oiled lint and putty.

Sept. 7th.—Patient has experienced great ease since the abscess was opened, but there is still a slight amount of pain.

8th.—Owing to the wound having closed up, it was reopened with the probe, when about an ounce or so of clear serum escaped, which gave the patient ease. Putty applied without carbolic acid, as usual.

9th.—Patient complains of great pain experienced last night, but he says it is less this morning. The knee still looks very well; no redness, but considerable pain on pressure on the inner side. Dressed as usual.

10th.—The wound having again closed, it was opened up with a probe, and a few drachms of clear serum escaped. Dressed as before. Patient continues pretty well, and free from all constitutional symptoms.

19th.—To have six ounces of port wine.

30th.—Eight ounces of port wine ordered.

Nov. 10th.—Water dressing applied daily; wound closing over; patient pretty well generally; foot very much everted; there is considerable pain in the knee when the limb is moved.

30th.—The pain in the knee is entirely gone, and patient does not complain when the limb is lifted.

Dec. 5th.—Patient put under chloroform and the leg bent

slightly, and afterwards put in a M'Intyre splint. — 7 P.M.: Complains much of pain in the knee. Fomentations applied.

11th.—M'Intyre splint removed; effusion into joint observed; complains of great pain in the knee. Fomentations continued.

20th.—Limb doing well; no pain in the joint; patient's health improving, and he is able to sit up.

Jan. 3rd, 1868.—Dismissed well.

Remarks.—There can be no doubt that, had this man's knee been treated with carbolic acid and oil, instead of pure oil, the case would have been considered quite a triumph for the acid. A more favourable result could not have been hoped for in such a case; many who saw it were much pleased with it. The man has had his limb preserved to him, which he uses well at his work—none of the smoothest. He has shown himself to me several times since he left the infirmary wards.

CASE 3. *Treated by carbolic acid.*—Duncan M'D——, aged thirteen, a millworker, living at Govan, was admitted on the 28th of August, 1867, with two lacerated wounds of the left arm, and a contused wound of the hand, which were received about three hours ago, his arm having got entangled in the machinery among which he works. The wounds have been stitched up by a medical man outside. Stitches removed, wound swabbed out with carbolic acid, and 1 to 4 paste applied. The wound over the olecranon is the largest, measuring about 3 in. in length, and sufficiently deep to lay the bone bare. The second wound, situated about half way down the forearm, is about 1¼ in. in length.

Aug. 30th.—No appearance of suppuration. The patient has no pain whatever. Dressed as usual.

31st.—The patient states that he continues well. No pain or suppuration. Dressed as before.

Sept. 3rd.—Patient up to this date has been keeping well. No pain in the arm.

8th.—On dressing the wound on the hand this morning, a little pus was squeezed out under the cloth. Dressed as usual.

9th.—This morning a slight amount of pus was found on the cloth covering the larger wound on the arm. The edges of the wound have given way, and a healthy granulating surface is exposed. Dressed with 1 to 8 carbolic-acid paste, as 1 to 4 may have been the cause of the suppuration by stimulating the granulations overmuch. What discharge of pus there was was small, and free from all offensive odour. Dismissed.

Remark.—Here we have again suppuration, admitted by reporter, and a somewhat halting effort made to account for it.

CASE 4. *Treated with camphorated oil.* — On the 14th of June last, I removed the limb of a gentleman aged sixty, by amputation above the knee, and dressed the stump with lint saturated with camphorated oil. Teale's method of operating was employed. The operation was performed on a Monday, and at the first dressing, on the succeeding Saturday, the wound was found to be quite whole. Union by the first intention had taken place. The only exception was the channel by which the ligatures protruded. In every other part the stump was perfectly sound, and it remained so; and this it is necessary to state, because it not unfrequently happens that union of the edges of flaps is afterwards broken up by the escape of an accumulation of retained discharges.

No cure could have been more speedy or more perfect than this; but this does not entitle me to ascribe the result to the camphorated oil, still less to the camphor. I think it highly probable that, although lint alone had been applied, the same result would have accrued.

The condition of the limb requiring interference was that of gangrene, probably from embolism, and this led me to think of a stimulating dressing. The case was altogether very interesting, and well worthy of being detailed at greater length in connexion with similar instances of non-traumatic gangrene. At present it is alluded to solely to record the fact of the flaps uniting by the first intention, under a dressing familiar to every practitioner. There was no brushing of the raw surfaces with an antiseptic; no dipping of knife and ligatures in either oil or carbolic acid.

CASE 5. *Treated with lint.* — I see that very lately Dr. Keith mentions two cases of excision of the mamma, which healed by the first intention under the use of carbolic-acid dressings, there being no suppuration. Now, it is not long since I performed the same operation with a result precisely similar; the only difference being that no carbolic acid was used, no medicated dressing whatever, but simply lint. Surely I do not venture too far when I assert that numerous such instances could be adduced by the operating surgeons of the day. It is true that, failing an accurate and daily-kept record, cases which heal rapidly, or by the first intention, make little impression upon the mind of a busy surgeon; and he recollects, because repeatedly under notice, those wounds or other injuries which have caused him much trouble and anxiety.

(To be continued.)

ON THE USE OF QUININE IN ACUTE LUMBAGO.

BY JAMES GREY GLOVER, M.D.

I WISH, in a mere note, to direct attention to a treatment of acute lumbago, and other acute pains, generally supposed to be muscular, in the back and neck, which I have found to be singularly effective, and which I have not seen described in the books. Sir Benjamin Brodie thought that in many cases of lumbago, where there was great inability to use the limbs, "the lower part of the spinal cord, or, at any rate, the nerves which arise from it," are at fault. On this view, he occasionally cupped, and gave calomel and opium. It is to be doubted whether all such cases were, in the proper sense of the word, cases of lumbago, and not rather cases of inflammation of the cord or its membranes; though mere lumbago does impair for days the motive power of back and limbs. But the point I wish to insist upon is, that in the very acute cases of lumbago, in which the urine is clear of lithiacal deposits, there is a strong neurotic or neuralgic element in the case, the proper remedy for which is quinine, in two-grain doses, every four or six hours.

I have verified this opinion in several very acute cases, in which alkaline mixtures, opiates at night, opiate liniments, and other soothing local applications, had entirely failed. One case will illustrate the rest.

A gentleman, whom I had attended and relieved similarly before, had, a few weeks ago, more or less stiffness and pain in the back for several days, which came to the crisis of an excessively acute lumbago one evening, after sitting on a jury all day. It was with great difficulty that he got home. On his way home, he called upon me, scarcely able to move. In my absence, a medical friend kindly prescribed alkalies and colchicum, which I continued for three days, with the addition of a little iodide of potassium, Dover's powder at night, and an opiate liniment, without the slightest effect. I found him day after day in almost precisely the same position as that of the day before: *the slightest movement was acute agony.* The principal pain was about the lower part of the back, on the right side, between the spine and the back part of the crest of the ilium. Pressure did not give any pain; and so long as the body was fixed, there was no pain; but, as I have said, any movement affecting these parts was agony.

Finding the patient *in statu quo* after three days of ordinary treatment, I ordered the remedy which I expected, and said I expected, would relieve him. This remedy was quinine in two-grain doses every four or six hours, according to the severity of the pain. The next day he was no longer as in a vice. He said the second dose of the medicine made a difference. And every successive day—not to prolong this paper—saw him easier, and capable of fresh movements. He got rapidly well.

Since then I have used the same remedy in the case of two other gentlemen, on my first seeing them, whom I had aforetime attended for acute lumbago. In the one case, the former attack occurred before I had observed the efficacy of quinine in such cases; in the other the quinine acted

promptly, as I have described. In the recent attacks I ordered the quinine treatment with quick and complete success.

It is not alone in lumbaginous pains that I have noticed this power of quinine, but also in acute pains of the cervical or scapular regions, in some cases more or less tender on pressure, but very painful on movement.

I have nothing to add to this statement of facts. The urine should, I think, be clear for this remedy to be appropriate. The complaint is obstinate, and opprobrious often to our profession, and it is intensely painful to the patient. I shall be glad if further experience justifies the above practice.

Compton-terrace, Islington, Jan. 1870.

ON POINTS TO BE OBSERVED IN OVARIOTOMY.*

BY D. LLOYD ROBERTS, M.D., M.R.C.P. LOND.,
PHYSICIAN TO ST. MARY'S HOSPITAL, MANCHESTER.

ALL operations involving abdominal section should be performed in a room, light, airy, lofty, and free from draughts. In hospitals a ward should be specially and exclusively appropriated to the purpose, the walls of which should be painted, to admit of frequent washings, and obviate to the utmost extent the absorption of putrid effluvia, and the consequent risk of pyæmia or surgical fever. For the same reason, the ward should contain as little furniture as possible. In short, every available precaution should be taken to avoid an unhealthy atmosphere, a condition well known to be eminently prejudicial to the subjects of abdominal operations.

The *operating-table* should be opposite and near a window. The patient should be well and completely covered with flannel for warmth, and only the abdomen and face exposed. The bed, thoroughly warmed to receive the patient, should be at hand; and she should be lifted into it with the utmost care, as the slightest concussion is liable to bring on vomiting.

Temperature of the room.—The high temperature advocated by the earlier operators is wholly unnecessary, and even injurious, as it increases the risk of chloroform accidents. A temperature of 64° I have found most favourable.

Anæsthetics.—I have invariably used chloroform. From its tendency to excite vomiting, which is a very formidable complication in all abdominal sections, it is doubly important that the patient should be brought and maintained under its influence by as small a quantity as possible. This is the primary object to be kept in view; and, whatever be the apparatus used, careful and experienced administration is essential. Mr. Spencer Wells informs me that he has used methylene in preference to chloroform for the last two years. Dr. Keith has employed sulphuric ether, and the very little vomiting which resulted, added to the success of his operations, appear to constitute a strong recommendation in favour of that anæsthetic.

Incision. — Considerable difference of opinion existed among the earlier operators upon this point. It may now be regarded as established, that the extent of the incision should be determined, not only by the size, but also by the nature and consistence of the tumour, the small incision being first practised and enlarged according to the necessity of the case. When the contents of the tumour are fluid, they can be easily drawn off by the canula, the cyst, thus diminished in size, following by the slightest traction through a comparatively small incision. On the other hand, if the tumour is solid and does not admit of reduction, it is better to enlarge the incision than violently to drag a solid, unresisting mass through an opening wholly inadequate for the purpose. The extent to which compound cystic tumours may be reduced by the method adopted by Mr. Wells in emptying one cyst through another by the trocar, is surprising. In making the superficial incision, it is well to avoid opening the peritoneum until quite sure there are no bleeding vessels; which, if discovered, should be twisted or tied. The incision should be made down to the peritoneum without a director. This membrane can then be pinched with the forceps, the fold thus produced divided with the knife, and the director inserted. The membrane can then be divided upon it, above and below, till the incision is coextensive with that in the abdominal wall. This first incision may reach to two inches above the pubes.

Adhesions. — Before tapping cyst the hand should be passed through the incision and over the tumour to ascertain if there be any adhesions. If so, they may be separated by the hand, by the handle of the scalpel, or even by dissection. Adhesions to the bladder, liver, intestines, omentum, and abdominal parietes are dangerous in the order enumerated. The separation of adhesions to the liver, intestines, or bladder is better effected by careful dissection, great care being necessary in order to avoid denuding the viscus of its peritoneal coat or perforating the intestine. Bleeding vessels are best treated by actual cautery or by ligature, cutting the ends close, the latter being the safest practice.

Pedicle.—There are now various methods of treating the pedicle—viz., by clamp, ligature, actual cautery, écraseur, pocketing the pedicle (Storer), and the seroso-plastic method (Maslowsky), each possessing peculiar advantages according to the nature of the case. When the pedicle is sufficiently long, and not very broad, and can be brought externally without undue traction on the uterus, the clamp, as first used by Mr. Hutchinson, and afterwards more extensively by Mr. Spencer Wells, offers the best method of treatment, as all suppuration into the abdomen and pelvis is avoided, and the risk of septicæmia &c. diminished. The ligature is applicable in all cases, whether the pedicle be long or short. The practice, however, of tying the pedicle, bringing the ends of the ligature externally, and allowing it to slough its way through, is not only tedious, but involves the risk of pyæmia, pelvic and peritoneal mischief. To obviate these inconveniences, Dr. Tyler Smith has revived the bold and ingenious practice of ligaturing the pedicle, cutting the ends close, returning it into the abdomen and closing the wound, and this treatment has been most successful in his hands. Those who advocate the use of the cautery do so on the supposition that the ligature, if returned into the abdomen, may prove a source of irritation, and this plan has also proved very successful in the practice of Mr. Brown, Sköldberg, and others. It is most applicable in short, thick pedicles, where there is little adipose tissue and the vessels are of small calibre.

Cleansing the abdominal cavity.—This should be done with sponges, which ought to be of moderate size, warm, soft, and perfectly clean. The viscera should be disturbed as little as possible, but it is very desirable that all clots and fluid matter should be removed.

Bringing of wound together. — This may be done by means of pins, silk, or silver wire; the latter, in my opinion, being the most preferable, as it keeps the parts in better apposition, produces less irritation, and, if necessary, can be kept longer in than pins or silk. The peritoneum should be included in the ligatures, and there should be three sutures to an inch of surface.

Dressing the wound.—The wound should be still further supported with crossings of plaster, over which a layer of cotton wool may be placed. There is no necessity for a bandage as a support, as it produces in many cases a good deal of discomfort, is very apt to become displaced, and prevents a ready examination of the wound.

The *after-treatment* may be conducted on general principles. The patient should have as little food as possible for the first forty-eight hours, so as to obviate the tendency to sickness or vomiting. The food should be of a fluid and bland character, such as toast-water, milk-and-water, &c., in small quantities and at divided intervals. Pain, restlessness, and vomiting are best controlled by opium given by the rectum in moderate doses. If the patient goes on well for three or four days, she may be allowed a little light food, such as chicken-broth, beef-tea, sago pudding, and good coffee, with milk and dry toast; a little champagne or good sherry with water may also be allowed. The bowels should be relieved about the fifth day by enema, which after this may be used every other day. The periodical use of the catheter should be enjoined every four hours the first

* Abstract of a paper read at the St. Andrews Medical Graduates' Association.

few days after operation. The ligatures may be removed about the fifth or sixth day. A patient who has undergone this operation should be provided with a day and night nurse, and in hospitals they should have nothing to do with the dressing of other cases.

ON

CHANGES IN THE STRUCTURE OF THE BONES CAUSED BY DISEASE OF THE BRAIN.

BY T. S. CLOUSTON, M.D.,

MEDICAL SUPERINTENDENT OF THE CUMBERLAND AND WESTMORELAND ASYLUM.

MY attention was arrested a short time ago, while making a post-mortem examination in the case of a woman who had for many years laboured under partial hemiplegia, with aphasia and insanity, by the extreme softness and friability of the bones. The ribs could be broken quite easily between the finger and thumb, and could be cut through readily with an ordinary knife. The long bones were quite easily broken also, and most of them could be cut. In this case I did not examine at all into the chemical or structural changes that had taken place in the bone. The woman was sixty-two years of age. A short time afterwards I found the same condition of the bones in a woman of fifty, who had laboured under general paralysis for two years. On reading the recent shocking accidents to patients in asylums from fractures of the ribs and sternum, my attention was directed afresh to the state of the bones in general paralysis. It will have been observed by medical men that every patient in whom such injuries were found after death had laboured under general paralysis. I have only had two deaths from that disease since those accidents have occurred, and in both I have carefully examined the state of the ribs.

M. B——, aged forty-six, had laboured under general paralysis for three years. On testing the fifth rib, I found that when it was suspended by a piece of wire, one end of which was fixed at its sternal extremity, and the other at a distance of 3¼ in. along the rib, and a graduated weight hung between those two points, it broke with 9 lb. 12 oz. On applying the same test to the fifth rib of a healthy man who had died in the Carlisle Infirmary, it broke with a weight of 30 lb. 13 oz. The latter was just twice the size of the former (as tested by weighing equal lengths of both), and it bore a weight more than three times as much. I find the quantity of calcareous salts to be about 10 per cent. more in the general paralytic's rib. I have not yet had time to examine its microscopic structure. In the second case the strength of the ribs was, in proportion to their size, as great as the healthy rib.

The above observations are as yet very incomplete; but if the conclusion to which they point be true—namely, that in general paralysis there is a tendency in some cases to extreme brittleness of the bones,—it shows that in such cases extra care and special precaution should be taken, by those who have the charge of them in asylums, that no injury is done to them. It seems to me almost impossible that such injuries as those found in Nistri's case, in Hanwell Asylum, could have been caused by even a strong and merciless attendant, except the ribs and sternum had undergone some morbid change.

January, 1870.

FATAL PERITONITIS INDUCED BY A WORM.—At a late meeting of the Pathological Society of Dublin an interesting case was detailed of a worm causing death from perforation of the intestine. Two patients were admitted by Dr. Gordon suffering from a low kind of fever, with bronchitis. A short time after admission a lumbricoid worm was discharged through the mouth of each patient. Peritonitis, however, existed in one of the cases, and death took place within thirty-six hours. After death it was found that the intestine had been perforated by the worm, thereby causing the peritonitis from which the patient had died.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nullaautem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

MISCELLANEOUS CASES.

(Under the care of Dr. WILKS.)

Temporary General Paralysis. — Dr. Wilks has recently directed special attention to an interesting case of paralysis, in which, in the course of two months, loss of motor power had extended from the lower to the upper limbs, and finally involved to a slight extent the muscles of deglutition. The patient, who was a middle-aged man, on admission into the hospital, was treated by good nourishment and rest. He is now rapidly recovering, and can move his legs. Dr. Wilks, in some clinical remarks, stated that this case required careful study: he could not tell what was the condition of the nervous tracts, as the temporary abeyance of their functions indicated that there could be no severe inflammatory or degenerative lesion. Temporary nervous derangements of this kind might be accounted for by alterations in the vascular supply to certain regions of the brain and cord. Allusion was made by Dr. Wilks to a case of a boy whose carotid artery was tied by Mr. Birkett, and who, about half an hour after the operation, became hemiplegic, and remained in this condition for two days, when the paralysis passed off.

Paralysis in Epileptics.—In some clinical remarks upon a case of loss of motor power on the right side of a child having a history of epileptic fits, Dr. Wilks stated that permanent paralysis never followed uncomplicated epilepsy. Temporary weakness of one side of the body might follow epileptic convulsions, but when the loss of power persisted, it was generally due to some lesion of the brain or its coverings. In the case then under his notice, the child had probably had hydrocephalus or meningitis in its infancy, and the permanent weakness on the right side was perhaps a result of the healing processes. A similar state of weakness in an arm or leg on one side of the body often remained permanent after hemiplegia from cerebral hæmorrhage, for which the patient generally undergoes a prolonged course of treatment without any relief. This muscular debility is due to the formation of a cicatrix in the brain, and to try to remove this would be as irrational as the attempt to cause absorption of a scar seated in the integument on the surface of a limb.

Treatment of Headache. — Dr. Wilks has recently administered hydrate of chloral to a man with Bright's disease, who complained of persistent and very severe headache, extending from the frontal region to the occiput. In this instance but very little if any relief was afforded. Here the pain in the head was probably due to diseased arteries. In cases of simple neuralgic headache, however, Dr. Wilks believes that the hydrate acts efficaciously. Bromide of potassium is a very useful agent in some forms of cephalalgia, especially those in which there is thickening of the cerebral membranes or cranial bones. In these cases Dr. Wilks believes that the remedy gives relief, not so much by virtue of its special action on the nervous system as by causing absorption—an action which the bromide of potassium, in common with the iodide, undoubtedly possesses.

LONDON HOSPITAL.

(Mr. MAUNDER'S Clinic, January, 1870.)

AMONG other cases is one of pain in bone; another of separation of the lower epiphysis of the femur; a third of separation of the epiphysis of the head of the femur; a

fourth and fifth of hernia testis; a sixth of obstructive disease of the larynx, for the relief of which laryngo-tracheotomy was first performed, and, secondly, premature labour was induced, with success.

Pain in Bone.—The patient, a female, about forty years of age, had suffered for more than a twelvemonth from pain in the upper part of the left humerus below the head. The bone was thickened, and tender on pressure, and the pain rendered her existence miserable. In these cases Mr. Maunder operates on the principle of relieving tension, and from that point of view he first bored half way through the humerus with a drill, subcutaneously. The pain vanished, but recurred after the expiration of thirty hours. After a few days he bored through the whole thickness of the humerus, but relief was not permanent. No ill effect, no suppuration followed. The trephine was now used, and a portion of the wall of the bone removed, with permanent relief to pain, and the patient is quite convalescent.

Separation of lower Epiphysis of Femur.—The subject is a lad, twenty years of age, who slipped, and found himself on his back, with the leg bent upon the thigh, and he unable to straighten it. As he lay upon the bed, the limb had a position of genu valgum; he could flex the thigh slightly on the pelvis, and in doing so the knee-joint appeared to be higher up the thigh than usual. On examination, however, the condyles of the femur, head of tibia, and patella held their normal relations, and the loss of continuity corresponded to the junction of the condyles with the shaft of the femur. A soft crepitus was readily elicited. Was the injury caused by muscular action?

Separation of Epiphysal Head of Femur.—The patient, a lad fourteen years of age, received a blow upon the front of his thigh, and fell upon his hip. He walked home, some hundred yards, leaning on the shoulder of a comrade. On examination, the limb was rotated much outwards, shortened to the extent of from half to three-fourths of an inch, but had not the thoroughly helpless appearance of fractured neck of femur. Attempts at manipulation and handling the upper part of the extremity seemed to cause great pain. There was a firm, resisting, bony swelling in the groin, under the line of the rectus muscle, which moved with the thigh, and seemed to increase the antero-posterior width of the upper extremity of this bone. He could rotate the limb very slightly inwards. It was supposed to be a case of impacted fracture. On the next visit, instead of swelling and ecchymosis existing, there was neither, and this aroused Mr. Maunder's suspicion that the true nature of the accident was unknown. Chloroform was administered, and now, the muscles being relaxed, the limb could be drawn to its normal length, and a soft crepitus was felt about the head of the bone. Mr. Hutchinson was invited to see the case, and both he and Mr. Maunder concluded that it was one of separated epiphysis. There were several possible sources of error in diagnosis here, but they were cleared up under chloroform, although the lad even then could flex the thigh slightly on the pelvis.

Cases of Hernia Testis.—There are two: one in a young adult, associated with acquired syphilis; the other in a child six years of age, possibly the subject of hereditary syphilis. These instances are alluded to in order to illustrate the method of reduction which Mr. Maunder adopts in such cases. The point of the forefinger is insinuated between the fungus and the adherent skin, and the two forcibly separated. The member is then swept round the testis, and a bed made for its reception well within the scrotum. This done, the edges of the wound are brought together by stitches, and heal kindly by granulation. If the finger cannot be insinuated at any one point around the fungus, a small incision with a scalpel suffices to admit it, and the operation is completed as above described. The operation is done quickly, and without hæmorrhage. The adult operated upon a month ago is well; the child was only submitted to operation on the 12th.

Chronic Obstructive Laryngitis.—A female, about thirty years of age, was admitted breathing with the utmost difficulty. Mr. Maunder opened her windpipe immediately, and placed her at once in a condition of safety and comfort. She progressed very favourably for about five weeks, but always requiring the tube. On the 11th ultimo her distressing symptoms were recurring, apparently from accumulation of mucus in the trachea and larger bronchi. Surgery could now do little to relieve; and, as the patient was near her confinement, Mr. Maunder advised that premature labour should be induced, with a view of increasing the capacity of the chest. This operation was at once carefully performed, on Dr. Barnes's plan, by Mr. Stephen Mackenzie, resident accoucheur, and a living child was born. Dr. Down had been consulted about the condition of the patient's chest, and approved the treatment. On the 15th of January the mother and child were doing well.

ST. BARTHOLOMEW'S HOSPITAL.

DOUBTFUL TUMOUR OF THE BREAST.

(Under the care of Mr. SAVORY.)

IN the "Mirror" of January 1st we noticed a case of mammary tumour, under the care of Mr. Marshall, of University College Hospital, in which, even after the removal of the disease, it was difficult to decide with the naked eye whether the growth was malignant, or a simple glandular formation. Mr. Savory has recently had under his care a case in which like difficulty was experienced. The patient, who was a healthy-looking woman, advanced in years, was admitted into St. Bartholomew's Hospital to be treated for a tumour of about the size of a chesnut, which was situated over the right mammary gland, and at the inner side of the nipple. The opinions of the surgical staff differed as to the exact nature of this growth, some declaring it to be scirrhus, others a chronic mammary tumour. Excision of the tumour was performed on January 29th, and on section its true nature still continued doubtful, and it remained for the microscope to decide the diagnosis. Mr. Savory stated that it was occasionally a difficult matter to distinguish a chronic mammary from a scirrhous tumour, as these growths often diverted from their typical forms, and in their characters passed insensibly the one into the other. Chronic mammary tumours in aged patients had a tendency to become very firm and hard, and scirrhous tumours varied very much in consistence.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

CASE OF GLYCOSURIA WITH NERVOUS SYMPTOMS.

(Under the care of Dr. HUGHLINGS JACKSON.)

A MAN sixty-five years of age is now attending for certain nervous symptoms, and his urine contains sugar. The symptoms are—partial deafness of the left ear; numbness and smarting of the lips in their left halves; numbness of the left cheek, left hand, and left foot. The smarting of the lips is the symptom which troubles the patient most; he complains bitterly of it. The membrana tympani is normal. There is no pain in the ear, there is no discharge from it, but he hears the tuning-fork better on the right side. Since the other nervous symptoms point to central disease, the inference is that the defect of hearing depends on central disease too. The patient does not know whether the deafness came on at the same time as the other nervous symptoms or not. In fact, he did not know that his hearing was in any way faulty until the physician tested it. A year ago his urine contained a large quantity of sugar, and its specific gravity was about 1033. The glycosuria was discovered about June, 1868, a month after the nervous symptoms set in: they came on gradually. There has been a great diminution in the quantity of the sugar, owing probably to the dietetic rules, which the patient strictly follows.

Since, in lower animals, an experimental injury betwixt the origins of the auditory nerves produces glycosuria, it occurs to one that disease in the medulla oblongata may, in this patient, be the cause of the partial deafness, of the numbness of parts on the left side, and of the glycosuria. Cases of diabetes following injury to the head have been recorded; and Dr. Lockhart Clarke has published in Beale's Archives an examination of the medulla oblongata from a diabetic patient in which changes were found. But as in most cases of diabetes there is no evidence pointing to a local lesion of the nervous system, it can be but a more or less plausible inference that the glycosuria depends on

lesion of the medulla oblongata in the case we have made a note of. The case, however, deserves the brief mention we have given it.

It would be well to examine the urine in *recent* cases of *sudden* deafness. Probably, in a few of these cases, the deafness would be owing to disease of, or near to, the auditory nucleus. This nucleus is, Dr. Lockhart Clarke says, continuous with the vagus nucleus, and disease of, or of parts near it would very likely produce *temporary* glycosuria. But examinations of urine for sugar should not be limited to these cases. Austin Flint, in his admirable work on the Practice of Medicine, says: "It is to be borne in mind that the fact of sugar existing in the urine is not sufficient evidence of the existence of the disease under consideration [diabetes]. Sugar, generally in a small quantity and for a transient period, is not unfrequently found in the urine in the course of various maladies." For accounts of the very varied physiological and clinical import of the presence of sugar in the urine, the works of Harley, Pavy, Beale, and Roberts may be particularly referred to.

KING'S COLLEGE HOSPITAL.

OLD TRAUMATIC STRICTURE, WITH PERINEAL FISTULÆ; THE OLD OPERATION OF PERINEAL SECTION.

(Under the care of Mr. HENRY SMITH.)

THE subjoined case well illustrates the severe effects which will result from a traumatic stricture, especially if it be neglected. It is well known that, under ordinary circumstances, the form of stricture which proceeds from an injury to the perineum is the most rebellious to treatment; but if, as in this case, it be neglected, the worst conditions will obtain. Here, in reality, they were seen in their most aggravated form. The posterior part of the urethra was apparently quite obliterated, and the structures in the perineum were so altered by the continuous passage of the urine along the sinuses that no hopes of giving any relief except by a formidable operation could be held out. The old operation of cutting down upon the point of a catheter or staff is, under any circumstances, most difficult; but when, as in this instance, the point of the instrument could only be passed a short distance along the canal, and the tissues in front were immensely thickened, the difficulties may be insurmountable. Indeed, it is in such cases, as Mr. Smith remarked after the operation, that surgeons even of great experience have been compelled to abandon the proceeding.

Here, as was expected, the operation was found to be most difficult, and at one time it seemed as though the operator would have to desist, mainly in consequence of the great hæmorrhage which occurred, and which prevented him from using a sharp-pointed knife until it was found absolutely impossible to find a passage along the obliterated canal without it. The gush of blood which followed the use of this instrument showed how dangerous its employment is without a guide to the deep parts of the perineum.

The value of the treatment of drawing away the urine by the use of a catheter every few hours is seen in this case. There is no doubt that, in some respects, it is superior to the method by retaining the catheter in the urethra for any length of time, as thereby irritation is produced, and some of the urine will of necessity escape by the side of the instrument, and come in contact with the wound.

John T——, aged thirty-five, admitted September 24th. He states that eighteen years before he injured his perineum by falling on some spiked railings. Sixteen years ago he first suffered from symptoms of stricture, and became a patient at Guy's Hospital under Mr. Cock, who passed instruments for him with great relief. Since that time he had not had any instrument passed into his bladder, but has gradually got into the state he is in now. He has great induration and thickening in the perineum and lower part of scrotum, and there are several sinuses, through which the urine passes; he suffers very much from irritability of the bladder and pain, and has become very thin and exhausted. On examination, Mr. Henry Smith found that he could not pass an instrument further than the middle of the scrotal portion of the urethra. He was determined to try to get the patient into a better state of health, and then perform perineal section.

Oct. 16th.—The patient has been somewhat improved. He was therefore taken into the theatre, and placed under the influence of chloroform. Mr. Smith introduced a No. 6 grooved staff down to the stricture; and it was there held by Sir William Fergusson. A free incision was now made through the dense and indurated tissues in the middle line of the perineum and scrotum, and an attempt made to find the point of the staff; but, in consequence of the depth at which it lay, and the free bleeding, it was not found possible until after a very free dissection had been made, and when the point of the staff was found, great difficulty was experienced in getting the instrument forwards in the right direction. To effect this with as much safety as possible, Mr. Smith used a long probe-pointed straight knife to divide the deeper textures; but little progress was thus made, and he was unwillingly compelled to make use of a long sharp-pointed knife, by which means way was made quickly into the bladder. This step was accompanied by the most profuse venous bleeding. A moderate-sized silver catheter was then tied in, and the patient was removed to bed, much exhausted.

19th.—Patient has complained of very little since the operation. No further bleeding took place, and he soon began to rally well under the influence of careful nutriment and stimulation.

21st.—Catheter removed, and No. 9 silver reintroduced, and tied in. Patient progressing rapidly.

27th.—No. 11 tied in. He bears the catheter very well, and the wound is healing rapidly.

This instrument was kept in for a week, when some irritation was produced by it; accordingly, Mr. Smith directed the house-surgeon to draw the water away three times a day. Great success followed this plan, as the irritation subsided, and the wound, which was very large, healed more rapidly. After this treatment had been adopted for a fortnight, a difficulty was one day experienced by the house-surgeon in passing the catheter, so the instrument was tied in again for a few days, after which no further difficulty was experienced in passing a full-sized catheter thrice daily. The wound was long in healing, and it was not until the end of December that it had contracted to about the size of a pea. The patient was then taught to pass a catheter for himself, and was discharged, well able to do so, on January 10th.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 18TH, 1870.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

MR. LAWSON exhibited a lad in whom an Elastic Pulsating Tumour suddenly appeared over an opening in the frontal bone, which he had made with a trephine eighteen months previously for the removal of depressed fragments of bone pressing into the substance of the brain. On April 17, 1866, the lad, whilst cleaning some windows on the second-floor, fell, and sustained a compound stellated fracture of the frontal bone, close to the hairy scalp. He was brought to the Middlesex Hospital insensible, and Mr. Lawson at once removed a portion of the frontal bone with the trephine, and cut away, with a pair of bone forceps, pieces of bone which were sticking into the brain-substance, and raised with an elevator other portions of bone that were depressed. From this operation the boy made a rapid recovery, and in six weeks' time left the hospital apparently well. After a month the pain returned, accompanied by giddiness, and there was some protrusion of the cicatrix in the forehead. By the next day the swelling had attained the size of a hen's egg, and was hot, and painful to the touch. A slight puncture into the swelling with the point of a lancet was made, when a clear watery fluid escaped, and continued afterwards to trickle from the wound. On the following day a thick rash of herpes appeared by the side of the mouth, and all the febrile symptoms at once began to subside. For three days following the outbreak of the herpetic eruption, the tumour continued to discharge, through the opening made with the lancet, the same clear fluid, and gradually lessened in size, until, during sleep, the discharge

ceased and the swelling completely subsided. The boy left the hospital quite well, and has continued uninterruptedly at his work, which is now in the stable, up to the present time. Some account was given of the case in THE LANCET of July 14, 1866.

Dr. FAGGE exhibited two cases, a mother and child, in which the nails were attacked by vegetable parasites. The two individuals belonged to a family of whom five members were affected with ordinary ringworm. In the child the nails were discoloured, speckled white, in some places brownish, and soft. In the mother certain nails were softened towards their roots, and of a dull aspect. In each case the change in the nails was preceded by an eczematous affection of the fingers, and the disease in the nails seemed to take origin in the spread of the latter towards the end of the finger, and beneath the root of the nail. The spores were large—larger than in ordinary tinea tonsurans; there were branched tubes also.

Dr. TILBURY FOX said he had long come to regard difference of size in the fungus elements as of very little value as a differential test of species. If we take the first half-dozen cases of tinea tonsurans that come before us, we should often find a most striking difference in the size of the spores. Much depended on the presence or absence of heat and moisture. Such cases as those brought forward by Dr. Fagge were very much more common than is generally supposed.

Dr. PEACOCK showed a specimen of Malformation of the Heart, from a cyanotic girl, aged fifteen years, who died of tubercle, and in which the state of things present was similar to that which is normally found in the turtle's heart.

Dr. PEACOCK also sent round the room a second specimen, representing a true Aneurism of the Apex of the Ventricle, from a man aged seventy-three, in its second stage. The man met with an injury; this was followed by cardiac symptoms, especially breathlessness; and after death the aneurismal condition was discovered.

Dr. PEACOCK had a third case for exhibition, showing an Ulcer of the Stomach, which had led to perforation of the splenic artery. The ulceration gave evidence of its presence by profuse hæmorrhage two years ago, with subsequent dyspeptic symptoms. In November last the hæmorrhage recurred, to be arrested by ice and astringents, but it returned in three weeks in a profuse degree, and the patient rapidly died. In the lesser curvature of the stomach was an ulcer, the size of a finger-nail, eroding the coats, and opening into the splenic artery.

Dr. CRISP exhibited a Diseased Brain, taken from the body of a girl under the care of Dr. Henry Davis, of Putney. The patient was a strong girl, aged fourteen, who had enjoyed excellent health till recently. Two months since she was seized with severe pain in the nape of the neck, and had a somewhat unsteady gait, accompanied with giddiness. Six days before she died she went to a party, and was obliged to leave from an increase of her symptoms. She was compelled, when she stooped, to steady her head "to get up." Dr. Davis saw her accidentally, and recognised the grave nature of the case. On the third day after his seeing her, she was being got out of bed, and in the act of bending forward she became paralysed, and died. At the post-mortem, the lateral ventricles were found distended with twenty ounces of fluid. The brain-substance was normal, but in the fourth ventricle, just behind the uvula, was a small, prominent, hard, red foreign body, the size of a pea. The brain weighed three pounds. Dr. Crisp referred to a similar case recorded by Dr. Ogle.

Dr. THOROWGOOD regretted that the spine had not been fully examined. The case seemed to point to disease about the atlas.

Dr. CRISP said that the uppermost parts of the spine and cord had been examined, and they were healthy.

Dr. BROADBENT suggested whether the case might not be a hydrocephalic one.

Dr. FERGUS (of Marlboro') exhibited a specimen of fatal Perforation of the Appendix Vermiformis, taken from a boy aged seventeen, who complained at the outset of his illness of pain in the stomach, followed by acuter pain in the right iliac fossa and upwards, this being accompanied by distinct retraction of the abdominal wall over the former region and peritonitis. Two days afterwards the boy died. He had been playing at football the day before the attack, and fancied he had eaten something which had disagreed with him. At the post-mortem there were found the evidences of peritonitis, with ulceration from impaction by a hard body, and perforation of the appendix.

Dr. FAGGE thought these cases not so fatal as generally supposed, judging from experience at Guy's.

Dr. MARTIN related a case in which the ulceration was tubercular in character.

The PRESIDENT drew attention to the distinction to be made between cæcal and vermiform disease, in relation to Dr. Faggo's remarks.

Dr. MOXON exhibited a specimen of Hydatid Disease of the Heart, blocking up the coronary vein and the great coronary sinuses. He wanted to know by what channel the blood was returned from the heart-substance itself.

The specimen was referred to Drs. Greenhow and Cayley.

Dr. MOXON also brought forward a second case, one of Tubercle of the Spine and Dura Mater, taken from a girl admitted into hospital with all the symptoms of tubercular meningitis, and, in addition, great pains over the body. The membranes were covered with deposits having the appearance of sand. He had found it in other cases.

Dr. DOUGLAS POWELL had met with a like appearance recently.

Dr. BASTIAN had brought forward a case of the kind three years ago. The small growths were projecting from the inner side of the dura mater, over an inflamed patch of the brain. He had regarded them as irritative outgrowths, fibro-nuclear in character.

Dr. MOXON had never found any change in the cranial dura mater. In Dr. Bastian's case the granules were in the parietal portion of the cranial dura mater.

Dr. DICKINSON asked if any microscopical examination had been made of the granules, and Dr. Moxon replied in the negative.

Dr. MOXON exhibited next an example of Thrombosis of the Renal Vein, in connexion with chronic disease of the femur.

Dr. WILSON FOX mentioned that Virchow had described this state as the result of any cause that retards the renal circulation.

Dr. DICKINSON said it was minutely discussed in a certain manuscript in St. George's Museum, bearing the date 1842, by Mr. Hewett when curator.

Mr. T. SMITH exhibited 31 largish stones, removed from the bladder of a Hindoo by lithotomy, by Dr. Wise of Bengal. The patient after operation absconded on the tenth day, and was found travelling to his home to look after his business, having gone 100 miles on foot. The stones were phosphatic.

Dr. WILSON FOX showed the last specimen of the evening; and a very interesting case it was—viz., that of a Heart removed from the body of a man in whom during life a well-marked tricuspid regurgitant murmur, together with other signs of tricuspid disease, were present. The man had been admitted to hospital about a fortnight before his death. He was cyanotic-looking. His jugulars were markedly distended, and in size about that of the little finger; they pulsated strongly and filled from below. The urine was albuminous and contained granular casts. During life there was over an area of about half an inch at the ensiform cartilage a systolic murmur, which was lost as the stethoscope was moved away from this spot. There was no other murmur, no accentuation of other sounds, and no thrill. The lungs were emphysematous. At the post-mortem, there was great distension of the superior cava and its main branches. The tricuspid valve measured in circumference 4½ inch by cone. The chordæ tendineæ were shortened, the valve slightly thickened. The heart was, otherwise than greatly hypertropied, healthy.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 28TH.

MR. PAGET, PRESIDENT, IN THE CHAIR.

DR. OPPERT read particulars of a case of Syphilitic Laryngitis, treated with the hypodermic injection of mercury. The patient, a young woman, aged 24, came under his care at the Margaret-street Infirmary, on January 8th,

1870. Was previously treated for consumption, but had a maculo-papulous eruption, ulcers of the throat, and affection of the larynx. Next day the symptoms were alarming—pulse 130; respirations 40; temperature 102° Fahr.; patient was scarcely able to breathe; rough barking; the epiglottis much swollen, nearly closing the upper aperture of the larynx; this was ascertained by the introduced finger. Tracheotomy was performed by Dr. Oppert, and no canula used afterwards. Patient could at once breathe comfortably. Subjected to the hypodermic injections of sublimate. When presented to the Society, the symptoms of syphilis had almost completely disappeared. The wound was healed. The diagnosis from consumption was based on the syphilitic symptoms, the absence of physical signs, and the character of the fever and temperature, as ascertained by the clinical thermometer. It was noteworthy that there was no nightly exacerbation of the fever, as in consumption, the heat of the body being generally not over 97° Fahr. The drawbacks of the treatment by injections could not for a moment form an objection to their use in this case.

Mr. BERKELEY HILL wished to know if the procedure was usually followed by ptyalism; Dr. BUZZARD if any special discomfort was experienced about the seat of the injections; and Dr. ANSTIE if the favourable remarks made by the reader of the paper as to the operation were really the result of large experience.

A large proportion of the members having examined the patient,

The PRESIDENT drew the attention of the meeting to two somewhat formidable ulcers that existed at the seats of injection, and to the marked laryngeal voice.

Dr. CHOLMELEY asked if a canula were used at the operation; and

Mr. CROFT desired information as to the temperature of the skin during the acute stages of the disease.

Dr. OPPERT, in replying, acknowledged that there were many obstacles in the mode of procedure advocated; that ptyalism very often resulted if more than half a grain of the bichloride was used; that if the injection caused much irritation, its *locale* was varied, about the arms, neck, and chest; that ulcers often form at the seat of injection, which cause pain and great discomfort to the patient; that no canula was used in the operation, because no surgeon could be found, and it was necessary to act quickly and decisively; and that as yet the low temperature could not be accounted for, 102° being the maximum, and 96° the minimum heat during the existence of the acute stages of the disease.

Mr. BERKELEY HILL brought forward the notes of three cases of thoracentesis, with the object of eliciting the opinion of the members respecting the value of this operation when applied to the cure of the varieties of pleuritic effusions—a method which he ventured to think had not received sufficient attention as a means of cure for serous and purulent effusions. The points which Mr. Hill thought more especially demanded consideration were: 1. The removal of fluid from the pleura need hardly ever cause much danger or suffering. 2. Whenever effusion is copious, it is prudent to withdraw it, to relieve dyspnœa and ward off a sudden fatal termination. 3. The usual mode of leaving chronic effusions to natural resorption may be advantageously replaced by tapping whenever the condition of the patient is stationary, and the pyrexia abated; the longer the fluid has existed the more urgent becomes the need for tapping, to enable the lung to expand before it has lost its power of doing so. 4. After tapping serous effusions, the wound should always be closed, at least until repetition of the evacuations had showed that cure would not be so effected; then to tapping injection of iodine or other irritants should be added, but in these cases the admission of air should be scrupulously avoided. 5. Where the fluid is purulent, the admission is immaterial, provided a free and continuous exit is maintained for the pus; and this free drainage is a cardinal point in the cure. One case illustrated the benefit from continued drainage by a tube passed across the chest through two openings; the second, the benefit which even cases of long-standing empyema, where the cavity will not contract, may obtain from frequent washing out with tepid water or other injections. The third showed how readily a serous effusion may be absorbed even during the progress of rapid pulmonary phthisis; and in this case evacuation gave temporary relief of a considerable amount, though it did not cure the effusion.

This paper was very lengthy, and before any discussion commenced, the President called upon

Dr. DOUGLAS POWELL, who read a paper entitled "Notes on Paracentesis Thoracis," in which he related two cases illustrating the use of an instrument consisting of a branched trocar connected with tubing so as to form a siphon, to which is attached, by means of a T-tube, a mercurial pressure gauge.* The objects of this addition he stated to be, to ascertain the fluid pressure within the chest, and to inform the operator as to the degree of negative pressure obtained at different stages of the operation, and its effects upon the respiratory movements. Dr. Powell strongly advocated early operation, and the steady treatment of cases of effusion into the pleura from the first. He thought that repeated tappings, with the employment of an amount of siphon power adapted to the case, also injections of iodine or other fluids, if necessary, should be adopted in cases of chronic empyema. He greatly deprecated the admission of air during the operation, (1) as having a dangerous tendency to set up suppurative pleurisy, (2) as, on mechanical grounds, rendering expansion of the lung impossible during its presence.

Discussions on the last two papers were taken together, and were commenced by

Mr. CROFT, who remarked that he had adopted Lister's plan in a recent case with marked success. In this instance the matter pointed between the fourth and fifth ribs; lint thoroughly saturated with carbolised oil was used; no air entered. Lint was subsequently inserted into the wound, and covered according to the antiseptic plan, and the patient made a good recovery.

Mr. BERKELEY HILL exhibited a Trocar.

Dr. BURDON-SANDERSON continued the discussion by remarking that, in all these cases, a free opening was of paramount importance, and that pressure on the lung, and risk of infection from the accumulation of pus, were the two things to be sedulously avoided, if possible. He thought that one opening was sufficient, if large; that it is not enough to secure a condition of equilibrium, but that it is necessary to endeavour to reproduce a condition of pressure less than that of the atmosphere, which the action of Dr. Powell's apparatus appeared to accomplish; and that the danger of infection was best combated by frequent and complete irrigation, which could be as effectually practised with one as with two openings.

Dr. SILVER remarked that, about two years ago, Dr. Powell's apparatus was tried in many cases at Manchester, but was eventually given up, chiefly because the tube was continually blocked by clots.

Dr. SANDERSON said that the difficulty might be avoided by practising reversed action; but

Dr. SILVER rejoined that this plan had been tried without success.

Dr. ANSTIE thought that the drift of the discussion appeared to show that the operation should not be, as it often is, unwisely delayed; that delay was the cause of all difficulties as to infection, and that, according to his knowledge and belief, all local applications were superlatively useless.

Mr. CALLENDER said that Mr. Thompson of Westerham, in Kent, had introduced a form of trocar which was most convenient, and was often used at St. Bartholomew's Hospital.

Mr. HILL, in replying, thought that Dr. Sanderson's remarks as to the single opening were not well founded, because any "remanet" of fluid in the chest is mischievous, whether purulent or not, and that blocking of the tube is certainly a difficulty. He entirely agreed with the remarks made by Dr. Anstie.

Dr. POWELL disclaimed all originality as to the instrument exhibited. He said that the pressure guage was found to be useful, and that the obstruction of the canula was an incident common to all instruments of this description.

* Mr. Hawksley, of Blenheim-street, Bond-street, has made this instrument in a compact form.

THE report of Dr. Letheby to the City Commissioners of Sewers indicates a satisfactory state of the public health. He has been requested to prepare for the information of the citizens instructions how to proceed in a sudden outbreak of cases of scarlet fever; and to append to his next report his opinion of Professor Tyndall's theory as to the value of respirators of cotton wool.

Reviews and Notices of Books.

A Practical Manual of the Diseases of Children; with a Formulary. By EDWARD ELLIS, M.D., Physician to the Victoria Hospital, late Physician to the Samaritan Hospital for Women and Children, &c. London: Churchill and Sons.

THIS is in many respects a very good manual. It has the faults of a short, concise book, which aims throughout at sharp definition, rather than elaborate description. But it has more than the ordinary merits of concise books. Throughout, the author gives you the feeling that he is not merely compiling and repeating, but that he is personally well acquainted with his subject. And books meant for practitioners must be short; at any rate, the shorter they are the more likely are they to be read.

Though the book is brief, it is not easy to find anything omitted. In addition to an opening chapter on the General Management of Children and Diet, there is one on Diatheses or General Diseases, which we think most indispensable in any work on infantile disease. The author treats of five general diseases—Scrofulosis, Tuberculosis, Rachitis, Syphilis, Acute Rheumatism. The differentiation of the diatheses is well stated, and should be well studied. It is by a clear appreciation of the different diatheses, and of their relation to the common acute diseases of children, that we shall get better results in practice. Following the chapter on the diatheses is one on the Skin Diseases of Childhood, interspersed with numerous formulæ. We would only venture here to say a word more for the "Ung. hyd. nit. mitius" in the chronic eczemas of infancy than the author does. He does mention it, but late in his treatment, and would not convey the idea that it is useful in so large a number of cases, and at so early a stage, as it really is.

The rest of the book is so generally good, and characterised by so much common sense, as well as by a knowledge of all that is best in recent medical science, that we have little to specify. But we must express grave doubts about our author's views of the treatment of acute inflammations. Not only in pericarditis, but in pneumonia, there is an easy reference to leeches and calomel which is somewhat out of keeping with the otherwise modern and enlightened character of the work. A dozen leeches, half a dozen leeches, calomel and Dover's powder, figure before the reader's eye as they used to do in the old days before the diatheses, and their fatal bearings on the acute infantile diseases, were discovered and differentiated. Dr. Ellis points out, in his description of rickets, how unsuitable mercury is; yet he lugs it into the treatment of all the acute diseases, even of acute bronchitis, though it is now well ascertained that deaths in children result not so much from the acute diseases as from the diatheses modifying them.

We regret Dr. Ellis's book should be open to this great objection, which is a serious one in a book deserving, as well as likely, to be consulted in the haste of daily practice.

The Mechanism of Dislocation and Fracture of the Hip; with Reduction of the Dislocations by the Flexion Method. By HENRY J. BIGELOW, M.D., Professor of Surgery and Clinical Surgery at Harvard University, Massachusetts, United States.

THE chief object of this book is to show that the position of the limb, and the difficulty of reduction, in the various dislocations of the hip, are not due, as is usually supposed, almost entirely to muscular action, but to the relation of the head of the femur to the ilio-femoral ligament, which is almost invariably not ruptured. Dr. Bigelow was first led to this conclusion by observing a subject in which he had produced artificially the four chief forms of dislocation on the same joint, and illustrated before his class the method of reduction by flexion. He found that, in spite of the amount of violence which had been used, he could still produce at will any one of the four varieties in such a way as to show all the characteristic features, and also to present the usual difficulty of reduction by simple extension. On afterwards dissecting the joint, he found great laceration of all the surrounding muscles, and rupture of the ligamentum teres and the whole of the capsule except the part strengthened by the ilio-femoral ligament, which remained uninjured. Dr. Bigelow does not deny "that muscular action exerts both an active and a passive force;" but "assumes that the muscles play but a subordinate and occasional part either in hindering reduction or in determining the character of the deformity."

Dr. Bigelow then proceeds to a description of the anatomy of the joint. He describes the ilio-femoral ligament as being bifurcated at its lower attachment, like an inverted letter Y. Its strength is enormous, as in some cases it is nearly a quarter of an inch thick, requiring a strain of 750 pounds to break it.

Dr. Bigelow would divide all dislocations of the hip into —regular, or those in which one or both fasciculi of the ilio-femoral ligament remain unbroken, and in which, therefore, the signs are constant; and irregular, or those in which the whole ligament is ruptured, and in which, consequently, there are no constant signs, these latter being very rare. Dr. Bigelow considers the obturator internus the only muscle of any real importance in dislocations of the hip, and that only in the "so called ischiatic dislocation," which he would call dislocation "below the tendon of the obturator internus." He believes the cause of the difficulty of reduction in these cases to be, not that the head of the bone has slipped into the ischiatic notch, but that, having escaped from the capsule below the tendon of the obturator internus, and being afterwards drawn up to the level of the ischiatic notch, the unruptured muscle is left lying across the anterior surface of the neck of the femur, between the head and the acetabulum, offering an almost insuperable obstacle to reduction by simple extension; its action, however, being not muscular, but merely mechanical. In reduction, Dr. Bigelow considers the first thing to be done in all cases, even in pubic dislocations, is to flex the thigh as fully as possible on to the abdomen, and by this means to relax the ilio-femoral ligament, after which extension by various means, or rotation, may be practised according to the case; but in all cases the ligament should be kept constantly in mind. The attachment of the ligament to the femur may also be used as a fixed point round which the head of the bone may be made to revolve near the socket by means of rotation, inwards or outwards, or adduction or abduction as the case may require.

It is impossible in the present place to give any account of the way in which the foregoing principles are applied to each dislocation, but they will well repay the trouble of reading them in the original work. The methods of reduction for each variety are very numerous, and some highly ingenious.

The book also contains a short account of fractures of the neck of the femur. Dr. Bigelow thinks "the terms intra- and extra-capsular, applied to these fractures, of little practical importance," and divides them simply into impacted and non-impacted. He gives some interesting observations on the structure of the neck of the femur, explaining the eversion, so constantly found in impacted fractures, by the extreme thinness of the posterior wall, which allows impaction to a much greater extent than the anterior. By means of the same displacement he accounts for the shortening,

by the angle at which the neck is applied to the shaft of the bone.

The book is by no means exhaustive on the subject either of dislocations or fractures, but it contains a great many very interesting and original ideas, which are well worthy of study and further investigation by those who have the opportunity. The ideas of Dr. Bigelow, if found to be correct, will do much to change the reduction of dislocations of the hip by manipulation, from a knack, as it is called by Mr. Cock, into a science.

The subject is very well illustrated by means of woodcuts, chiefly from photographs, of dissections and of dislocations produced on the dead body.

De la Contagion, seule cause de la propagation de la Lèpre. Par le Dr. CH. L. DROGNAT LANDRÉ. pp. 80. Paris: Baillière. 1869.

MANY people imagine that leprosy has long been extinct, but, if we believe the present author, numerous cases are found in Norway, Portugal, the Canary Islands, Crete, Egypt, China, Japan, Surinam, Cayenne, Brazils, &c.; and he thinks that the severe measures used in the middle ages were successful only where they were vigorously carried out. The purport of the essay is to show that contagion alone keeps up the disease, and that food, climate, habit, and parentage have nothing to do with the propagation of the malady. This opinion is far from being general, and the author defends his position by arguments and statistics.

Dr. Landré first gives, as a Dutchman, an accurate account of the leprosy observed in Surinam. It is a pity that he confines himself to figures, and does not attempt the least sketch of the symptoms of the disease. In Surinam the latter seems to be confounded with Elephantiasis Græcorum and Arabum; in Norway with the well-known Spedalseck, &c. The author takes his reader to the North of Europe, to the South, to Asia, Africa, and America, and endeavours to prove that completely isolating patients would eradicate the complaint. His advice is, at all events, worth a trial.

Had Dr. Landré described the nature of the complaint, the mode of treatment in various countries, and the mortality; if he had added historical observations respecting the leprosy of the middle ages, and compared the latter with the present elephantiasis, spedalseck, yaws, and syphilis, he would have written an instructive book.

OUR LIBRARY TABLE.

Lectures on the Principles of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions. Delivered before the Royal College of Surgeons of England. By F. LE GROS CLARK, F.R.C.S., Surgeon to St. Thomas's Hospital, and Examiner in Surgery in the University of London. London: Churchill and Sons. pp. 345. 1870.—These lectures, delivered during the last two years, were presented in abstract to the readers of THE LANCET at the time of their delivery, and are now published in a complete form. They contain many valuable remarks upon injuries of the skull, chest, and abdomen; and the author's extended experience at St. Thomas's Hospital has enabled him to give numerous apposite illustrations, both of diagnosis and treatment. Though suffering from the fault inherent in all College lectures—want of compression—this volume may be recommended to the practitioner as a useful mine of reference.

An Address on the General Principles which should be observed in the Construction of Hospitals. Delivered to the British Medical Association at Leeds, July 29th, 1869. With the discussion which took place thereon. By DOUGLAS GALTON, C.B., F.R.S., late a Captain in the Royal Engineers, Honorary Member of the British Medical Association. London: Macmillan. 1869.—There is no necessity for reviewing this book at any length, especially as we shall in all probability have occasion before long to discuss the subject of the construction of hospitals in connexion with the question of "hospitalism" which is occupying so prominent a position at the present time. The principles of construction advocated by Mr. Galton are mainly those laid down in the Report of the Royal Sanitary Commission on the Sanitary State of the Army in 1857, which were afterwards embodied in the plans of the Commission for improving Barracks and Hospitals. The information contained in this volume—at any rate as far as army medical officers are concerned—no longer possesses any great claim to novelty; but with the profession generally this is not the case. We think that Mr. Galton, in his address, succeeded in laying down, very clearly and well, the general principles which should be observed in the construction of hospitals; and we would strongly advise any who may not have already done so, to read and ponder his volume, for it contains in a small compass a large amount of the most useful and practical information. Mr. Galton very correctly says that the basis upon which the structural arrangements rest is the ward. As to the size of the ward, this will, no doubt, be influenced by disciplinary and economical considerations, as well as by the character of the cases treated. Miss Nightingale's unit of 32 beds may be judicious enough where economical administration and efficient supervision are prominent objects; but from 20 to 32 beds may be taken as the unit for ward construction, and we prefer the smaller number. No one would now dispute, we imagine, that the system of opposite windows forms an essential feature of ward ventilation. The great thing, after all, is to *subdivide to the utmost extent possible* the openings for ventilation. It is of no use merely to admit the fresh air; it is essential that it should be spread throughout every part of the ward, otherwise, like the Gulf stream, it may maintain a course of its own without really mingling on all sides with the medium in which it flows. In the allotment of the superficial area in a ward, Mr. Galton modifies the recommendation of the Commissioners in that he would place one bed instead of two between every two windows. Heat is a powerful engine in ventilation, as everyone knows; and we have a detailed account of our author's ingenious ventilating fireplaces, constructed to utilise a portion of the heat generated by the fire, and which would otherwise pass away by the chimney, in warming fresh air which is admitted into the ward. Mr. Galton is doubtless aware, however, that they do not always act in the way they are intended to do.

Book of Illustrations to S. Maw, Son, and Thompson's Quarterly Price-current. 1870.—*A Quarterly Price-current of Surgeon's Instruments and Appliances, &c.* S. Maw, Son, and Thompson, Aldersgate-street.—These two volumes are intended, and appear admirably fitted, to enable practitioners at a distance from London to learn at once both the form of instrument or apparatus which will be most suitable for their patients, and also the price at which it can be supplied. Messrs. Maw have found it advisable to separate into a distinct volume the illustrations which were formerly mixed up with the lists of prices, &c., in their catalogue; and this very handsome and useful work will form a valuable addition to the library of the active practitioner, since in it he will find at a glance, not merely the ordinary surgical instruments, but all the various forms which have been devised to meet the exigencies of special cases. In addition, there have been given drawings of the different fittings and appliances from time to time required

in the surgery or dispensary; and even in such matters as the choice of the characteristic "red lamp," the surgeon may take a wide choice from the patterns submitted to him. The price-current, of course, contains many articles not figured in the book of illustrations, and each with its price distinctly marked. We need say no more to recommend both works to the notice of our professional readers.

A Practical Guide to the Bankruptcy Law of 1869; being the Bankruptcy and Debtors' Acts, 1869, condensed and simplified, with Notes, Reference Tables, and Index. By JOSEPH SEYMOUR SALAMAN, Solicitor. London: R. Groombridge and Sons; and Waterlow and Sons.—Mr. J. Seymour Salaman, solicitor, has published a very well-composed "Practical Guide" to the new Bankruptcy Law—the Bankruptcy and the Debtors' Acts—passed last session. The publication is opportune, as the Acts have just come into operation, and it is necessary that all persons having business relations should be well "posted up" in them without delay. It is most useful, because it puts into clear and intelligible language the verbose and involved diction which characterises these as well as most Acts of Parliament, and because it rearranges and groups in a coherent manner the several parts and clauses of the Acts, which in their original form were thrown together without order or method. We defy any but the most persevering professional lawyer to make "head or tail" of these Acts, which everybody engaged in commerce, or even in an active profession like our own, ought to be familiar with; but thanks to Mr. Salaman's lucid exposition and classification, they may be comprehended even by that much despised but far from rare order of intelligence known as "the meanest capacity."

THE LECTURES ON DERMATOLOGY AT THE COLLEGE OF SURGEONS.

LECTURE I.

MR. ERASMUS WILSON, F.R.S., entered upon his course of lectures on Monday afternoon last, at the College of Surgeons, before a large audience. He commenced by stating that dermatology had its history and its ancestry, and proceeded to show how much it owed to the labours of Æsculapius, Hippocrates, and others, especially in regard to the many terms now used to describe the various cutaneous diseases, and which, probably, in a great number of instances, were those that fell from the lips of the great Father of Medicine himself. These terms or words were coined to express objective and subjective phenomena, such as colour, figure, and quality, on the one hand, and evolution, symptoms, cause, and the like on the other; and those which we use in a strictly scientific sense were "the common language of the people" in the earliest times, and are at the present time as eloquent as they were then. The lecturer, in fact, as may be gathered from the preceding remarks, would go back as much as possible to the original meaning in the employment of terms in cutaneous medicine—a plan which must necessarily produce endless confusion, leading to the abandonment of simple and well-understood designations for the reintroduction of the most obsolete nomenclature. The lecturer lingered a long time on the dictionary in his reference to mere terms, which were displayed in abundance on the diagrams behind him. He next proceeded to speak of the pathological lesions, in the two groups of primary and secondary, the former including the tuber, macula, papula, tuberculum, &c; and the latter, desquamation, induration, incrustation, &c. The papule was ascribed to turgescence of the follicles; the tubercle to the fact that a congeries of follicles were involved in the inflammatory process; the difference being one of bulk between the tubercle, the tuber, and the papule, as well as between the vesicle and the bulla. The causes of cutaneous ailments might be ascribed to defective development, errors of nutrition, malassimilation, irritation, and specific poisons. The treatment of diseases of the skin was stated to be in accordance with the general principles of surgery. There was no internal specific for diseases of the skin; not even was arsenic one, acting as it did as a tonic to the nervous system, and after suitable preparation by other means. It was desirable to improve the general health; and after the acute stage of disease was passed, and had been met by soothing remedies, to stimulate locally the diseased parts by such agents as tar, sulphur, and the like. Mr. Wilson sketched the various classifications of Celsus, Mercurialis, Riolanus, Plenck, Willan, Alibert and others, mentioning especially, what has recently been insisted upon by Dr. Tilbury Fox, that Willan's arrangement and description of diseases are the result of a consideration of the latter, not as regards their initial lesions, but their stages of maturity. It will be gathered from the above that Mr. Wilson touched in a general way only on his subject.

LECTURE II.

On Wednesday Mr. Wilson delivered his second lecture, the subject being "Eczematous Affections." His reason for dealing first of all with eczema was that this affection was the commonest of all cutaneous ailments, and that being the case, it becomes, as it were, a standard of comparison for other inflammatory affections. Eczema was defined to be a chronic inflammation of the skin, attended with erythema, exudation, and pruritus, being always associated with disordered nutrition of the rete mucosum; and hence followed by desquamation of the cuticle, sometimes effusion into the skin so as to produce vesiculation, discharge, &c. Four words had in past times been applied to it—psora, scabies, eczema, and psoriasis; and these had become sadly misplaced in modern times. In eczema in infants the peculiar diversity of form assumed by eczema is best seen, and is partly due to diversity of structure, according to the varied localities of the body affected. The congestion varies according as the horizontal or follicular plexuses of the skin are involved separately or conjointly; hence uniform or punctated redness. Hyperæmia characterised the first form of eczema—viz., E. erythematodes; but further stages were reached by the recurrence of exudation about the follicles, giving rise to E. papulatum, or E. vesiculosum; by free discharge constituting E. ichorosum, or, in the case of pus production, E. pustulosum; and, lastly, by the formation of scales, giving origin to the term E. squamosum. Of all the forms the vesicular is the least frequent; hence, asserted Mr. Wilson, the incompetency of Willan's arrangement to depict the disease. Various subforms were then referred to, together with the modifications induced by the drying of eczema, and the occurrence of cracks, fissures, scales, and the like. The term "psoriasis," in opposition to all other modern dermatologists, is used by Mr. Wilson to signify the scaly stage of chronic eczema with infiltration, and pityriasis to a similar stage, in which there is no thickening, and the scales are very fine and branny. In one form of pityriasis, the so-called P. rubra, to which Mr. Wilson gave a new name, *dermatitis ex olintica*, there was intense redness, with the free production of large flakes, made up of epithelial elements. The absence of all discharge distinguishes it from eczema. The acarus scabiei was regarded as a cause of eczema; in fact, scabies was looked upon as an eczema produced by the irritation of the itch insect. Speaking of lichen, Mr. Wilson said that Willan's papule of lichen and the papule of eczema were the same, and that, indeed, two terms, lichen and eczema papulatum, existed for the same thing; but, at the same time, the lecturer placed lichen under a separate head, and described the several varieties, referring especially to the characters of lichen planus, and regarding that disease as identical with the lichen ruber of Hebra, on which point, however, there is considerable doubt. In speaking of impetigo, Mr. Wilson spoke to the truth of the assertion that a special form of this affection existed, which was often epidemic, attacked several members of the same family, and was characterised by the developement of small vesicles, that subsequently blebbed and scabbed over. He had named this impetigo phlyctenodes, which was supposed to be contagious by some; hence the term "impetigo contagiosa," by which it had recently been designated. A general sketch of the treatment of eczematous affections brought the lecture to a close.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 5, 1870.

WHATEVER its merits, it is a curious and discreditable feature of the democracy to which we have come, that questions have to be very popular—or may we say, populous?—to attract the attention of Government. A question that occasions riots, or collects crowds, or brings down park railings, or raises a few fanatical fools into the category of political criminals, is pretty sure to have the serious attention of both the Home Secretary and the Prime Minister. But when a few respectable men at the head of a profession, or representing a Council which Parliament has created, or a great body of professional feeling and opinion, meet and draw up a case or a statement, they are sure to have a courteous reception and a pleasant interview at the hands of a member of the Government, and—that is all. They receive any amount of civility, but no serious attention. Now, this is, we say, a discreditable feature of our present political system. Anything proceeding from the people—"the herd confused" of MILTON—is the subject of all the discussion and the consideration of which either the Ministry or the Opposition is capable; but a subject brought under their notice by a set of cultivated gentlemen, representing ten or twenty thousand other more or less cultivated persons, is treated with infinite civility, and nothing more. There is something almost ludicrous in the way in which, year after year, the President of the General Medical Council reports his correspondence with the Home Secretary or the Lord President of the Privy Council, ending generally with the stereotyped intimation that, "in the present state of public business," the Government will not be able to undertake any measure on the subject. The only difference between the current year and others is this—that generally the correspondence between the Ministry and the Council comes to the crisis of the above intimation when the session is two-thirds over, and Ministers and members are alike jaded, whereas this year the crisis is reached before the session begins. Already Lord DE GREY has given the Executive Committee of the Medical Council to understand that he sees no prospect of the Government doing anything to amend the Medical Act in the course of the approaching session.

We put it to the members of the present Government, who, we believe, wish to make government efficient for all purposes, whether it is reasonable to defer from year to year legislation that affects the efficiency of a great profession. If it were a food question, there would be a competition to deal with it. But medical questions are only inferior in importance to food questions. They affect the welfare, not alone of the profession, but of the whole sick population of the country. And if this is smaller in bulk than the healthy portion, surely its sickness entitles it to more consideration.

Our profession is in a most disturbed and dissatisfied state as regards both the General Medical Council and the medical corporations. There is the most extensive demand that has been known for many years for a reconstruction of the one, and for a particular consideration of the *ratio existendi* of the other. It is to no purpose for the Government to say that the profession is not agreed. It never was more unanimous before; and any few differences that do exist are just such as should be removed by the impartial and statesmanlike deliverance of a strong Government. It is very much a question of the profession, on the one hand, and its corporations on the other. There is a universal cry for an independent, efficient, and responsible examining board that can have no pecuniary interest in its work, that shall supersede all present examinations that exist for the mere purpose of licensing men to practise, and that shall give a complete diploma. It is surprising to see, week after week, how one authority after another argues for such a board, and in substantial agreement with our own plan of medical reform. To expect the corporations to agree would, of course, be to expect the impossible. There is a feeling, we believe, scarcely less general for a modification of the existing Medical Council, that should make it smaller, more authoritative, more efficiently representative of the profession in its breadth and apart from its corporations, on the one hand, and of the State on the other. The Government has raised the hopes of the profession by a clear exposition of the evils of the system by which licences to practise are at present obtained. If it does not try to legislate, we must adhere to our opinion—that our political system is a very faulty one, discouraging, if not disrespectful, to professions.

THERE is much lamentation in asylums for the insane. Our recent annotation upon the treatment of lunatics has brought upon our devoted heads a shower of letters of remonstrance—some wrathful, some deprecatory, but all repeating, in various forms, the charge that we have meddled with matters that are too high for us, and have spoken authoritatively on a subject that we have never qualified ourselves to understand. Among our correspondents there have been superintendents who might, if judged only by an epistolary standard, advantageously change places with patients under their charge; and it is laid down by the learned in such matters that written composition will often reveal insidious forms of lunacy, capable of being concealed throughout any *vivâ-voce* examination. Other writers have been so terribly diffuse that considerations of space have compelled us to decline their communications; but some two or three letters we have been able to insert. From them, and also from the mass of the rejected, we have no difficulty in obtaining abundant evidence that what we have written is fully justified by facts. On some points of detail we have possibly been misinformed. For example, we are now assured by an ex-superintendent that, in imputing to attendants the use of their knees as instruments for rib-breaking, we have failed to do full justice to the ingenuity of the class. We are told that the practice is to *sit* upon the patients, instead of kneeling

upon them; and that the use of the larger and softer region, thus brought into play, is attended by many advantages. In the first place, it never leaves a mark; and, in the next, its employment involves but little exertion or fatigue. A slight elevation of the trunk of the operator, followed by such a sudden descent as the action of gravity will determine, suffices to produce very positive and satisfactory results.

We are not, however, ashamed to confess that in these matters of detail we have probably much to learn. Our point is that fractures of the sternum and ribs are of frequent occurrence in asylums, that they must necessarily be caused by direct violence, that this violence must often be intentional, and that the system under which asylums are conducted renders it impossible to subject attendants to proper discipline or control. The institutions are so overgrown, so huge, and so complicated, that the nominally medical superintendents are diverted from their proper duties—the care and curative treatment of the insane—by a hundred calls in which there is no medical element; and they are valued by their employers—the magistrates,—not with reference to the degree in which they have advanced scientific inquiry or enlarged the resources of the healing art, but in exact proportion to the profits of the farm, the produce of the garden, or the economy of the household management. Hence arises the stress that is laid upon what is called *experience*; and hence it is that the calling of a "mad doctor" has become a close specialty, which utterly divorces those who enter upon it from the ordinary study and practice of medicine. The root of insanity is physical disease; and the doctor who desires to understand and to cure physical disease must encounter it in all its forms. Yet, if there were a vacancy in the superintendence of a county asylum, and if such physicians as Sir WM. JENNER or Dr. GULL desired to hold the office, how many country justices are there who would not prefer to them a man who had entered an asylum as a subordinate as soon as he was qualified, who had been promoted to the superintendence of another, who had managed that other inexpensively, who had evinced a comprehension of the rotation of crops and a capacity for the cultivation of mangold, and who, except for pauper lunatics, had never treated a patient in his life. Specialties are excellent things; but all of them that are worth anything are the results of a selection that is made at a mature age, as the consequence of special tastes or special aptitude, by men who have first explored the wide fields of comprehensive medicine and surgery. A close specialty—such as has been artificially manufactured by magistrates, during the last few years, out of the practitioners charged with the care of the insane—is simply an unmixed evil. It not only cuts off those who enter it from all general sympathy with the profession, and from nearly all participation in the general growth of medical knowledge — erecting them into a little mutual admiration society that revolves in a narrow circle round a pivot of its own, — but it also renders them habituated to the abuses that always attend upon routine. They come to think of the annual total of broken ribs much as Londoners think of the total of persons run over by vehicles in our streets, and they cry out in surprise and anger when they find that this view does not commend itself to the public. We seek to merge the specialty in the profession, and to restore the cure of the insane to its right place as a department of the healing art. The very correspondents who complain of our remarks justify them by the account they give of the position and work of the superintendent of an asylum. We quote from one of them when we say that such an officer is "incessantly on duty by night as well as by day, harassed by conflicts with rival officials; and that there is perhaps no branch of medical service at once so arduous and thankless." No man whose daily calling is thus correctly described can do any justice to the medical aspects of the cases committed to his charge. Because he has grown up in the life, and has become accustomed to it, he loses sight of the essential impropriety of the endeavour, and thinks he is doing his duty by making vain efforts to accomplish what is in its nature impossible. If he came fresh to the work, he would recognise and proclaim the impossibility of performing it; and the inevitable result would be that the existing conditions would be changed. It is not easy to say in what direction the change should first be made. Lord SHAFTESBURY has written to us to say that the superintendents need more medical assistance, and his Lordship will of course feel it his duty to promote legislation to that effect in the coming session of Parliament. It would be easy to provide that each asylum should have a subordinate medical officer for every two hundred or three hundred patients; and to provide, also, that the medical head should be relieved, by efficient helpers, from all trouble about matters foreign to his own department. We should then have some prospect of a systematic medical examination of insanity; and the probable result would be, at no distant time, a very considerable modification of the present asylum system.

THE profession must have watched with great interest the correspondence between Mr. SYME and Dr. HALDANE, the honorary secretary of the Edinburgh College of Physicians. It was known that this College had acted with a very great amount of grace of late years, and especially in one year. But the exact amount had not been publicly stated on any authority. It was, therefore, somewhat startling to hear, on the authority of Mr. SYME, that the Edinburgh College of Physicians, "taking certain general practitioners under its wing, without any examination, hatched them as full-fledged physicians, at the moderate charge of £10 10s. a piece, so as within a year to replenish its coffers to the amount of no less than £10,000." The only consolation left us was the hope that there was some error in this statement, and that the College had not enriched itself by the undignified device of selling its licences. This hope was encouraged by a very short letter to ourselves from Dr. HALDANE, declaring that Mr. SYME'S statements were altogether erroneous. But the hope has not been justified by further correspondence. Mr. SYME lost no time in writing to Dr. HALDANE, asking him to point out the erroneous statements in his letter. Dr. HALDANE replied that he wrote his letter at the dictation of the Council of the College, and was not able to answer Mr. SYME'S letter without laying it before the Council. Mr. SYME waited a

week without receiving any further reply or information as to the error of his statements. Naturally, he concluded that the College was unable to show any important error in them, and he forwarded the correspondence which we published last week. Up to this moment Dr. HALDANE has attempted no demonstration of Mr. SYME'S errors.

Now, we will leave these facts to speak for themselves at this opportune time, when licensing corporations are under discussion. Here is a body, at the very head of the profession in Scotland, representing, or which should represent, all that is highest in medicine in the country of CULLEN, and the HUNTERS, and ALISON, *actually selling its licences*. We cannot help feeling that if a College of Physicians is unable to resist the temptation to barter its licences for money, no similar body can be trusted with the power of licensing. There is no guarantee that, in a strait of impecuniosity, it will not forget its examining functions and its own dignity, and *sell* licences to any general practitioner who will give £10 10*s*. One remedy for this great evil and risk is to place the licensing power in each division of the kingdom in a board, independent of all corporations, and beyond all the temptations of poverty.

But the case of the Edinburgh College of Physicians illustrates another point. The men who threw their guineas into the treasury of the College did not do so because they wanted a licence. They had already procured licences to practise, which in their way were honourable enough, and for all medical purposes amply sufficient in a legal point of view. But here was a College, with a charm in its name, either giving out its power to make "Physicians," or not taking pains to contradict the idea that the men who got its licence were Doctors, or Physicians, or both, and everything that was grand. Time was when the College of Physicians admitted to its membership only men of distinction, and for the most part graduates of universities. It is clear that the College tempted men by the titles which it dangled vaguely before them, and which it well knew it would be a calamity to the profession to grant on low terms. But what was a calamity to the profession, when such a boon to the College was to be secured? And so, regardless of everything but its own coffers, the College either taught or allowed men to believe that by its miserable licence it made them not merely medical practitioners, but magnates in medicine. From all which it appears that, if the approaching reform in medicine is to be real, colleges will have to be strictly prohibited from trading in titles as well as in licences. It is vain to expect men to strive for the honours of the profession if the notion is not demolished that the titles attached to these honours are to be *bought*, or had by passing the lowest examinations.

IT is with much satisfaction that we are at last able to state that the Admiralty have forwarded a formal and final offer to the Seamen's Hospital Society; that the sick sailors of the mercantile marine will, before many months are over, be housed in the infirmary of Greenwich Hospital; and that, in consequence, the *Dreadnought* will soon be numbered among institutions of the past. This decision is a matter of congratulation to the present Government, under whose auspices this vexed question has at length been amicably settled; to the Committee of the Seamen's Hospital Society, who have, through their very able and energetic secretary, Mr. KEMBALL COOK, so urgently and persistently brought the claims of our sick sailors before the notice of the Government; and to the seamen themselves, who will find in Greenwich Hospital a far more comfortable temporary resting-place than the old ship can, under any circumstances, afford. The *Dreadnought*, indeed, should long ago have become traditional; but its well-known usefulness, its world-wide notoriety, and its great popularity, have all naturally tended to perpetuate the existence of an establishment which, according to the ordinary laws of hygiene, ventilation, and sanitary requirements, fails to fulfil properly the purposes for which it is intended. But the Committee have not, for some time, been unmindful of existing defects in their floating institution. Five years have now elapsed since they determined, under the advice of their medical officers, to remove their patients to an hospital in the immediate vicinity of the river; and a plot of ground was accordingly purchased, with this object. But, meanwhile, the wards of Greenwich Hospital were emptied, and the Seamen's Hospital Society, unwilling to spend all their capital in building, applied for a portion of the Royal institution. It is foreign to our purpose to recapitulate the opinions given, officially and unofficially, either as to the claims of the mercantile marine to a participation in the funds of Greenwich Hospital, or as to the special fitness of any particular wing of that hospital for the purposes of the *Dreadnought* authorities. It is sufficient to state that, according to our own knowledge and belief, that part of the building in which they will be shortly located is better fitted for the care and cure of the sick than any quarter of the hospital proper. The infirmary is, indeed, furnished lavishly with all ordinary appliances necessary for administration; and, though wanting in some of the essential principles on which all hospitals would be (or should be) constructed in the present day, it is far better than a floating establishment, with very large and very low wards, draughty ventilation, wooden walls, insufficient accommodation for nurses, subject to all manner of noises from within and from without, and very badly lighted both for the performance of operations and all other working purposes. But the *Dreadnought*, even after its disestablishment, will live long and pleasantly in the memories of many of our readers. The Seamen's Hospital Society has had a local habitation and a name on the Thames for nearly half a century; and its committee should be proudly conscious of the fact that, in relieving the sufferings of sick seamen, it has at the same time given large opportunities for the observation of disease, and so has aided indirectly in developing the progress of medicine and surgery in this country. That these opportunities have not been afforded in vain, the names of BUDD, BUSK, and many others who have, since their connexion with this hospital, gained prominent positions in the services and elsewhere, at home and abroad, sufficiently attest. The Society has also been laudably active in affording preventive aid and hospital relief during the various epidemics of cholera; and, at the last outbreak in 1866, in the absence of any sanitary supervision of

the Thames, its medical staff took entire and effectual charge of this important district by means of a ship-to-ship visitation, which was very ably planned and superintended by their chief officer, Dr. ROOKE. It is hardly necessary to revert to the exertions of the *Dreadnought* authorities in the matter of hygiene afloat, which has resulted, as we believe, in great improvements as to the sanitary condition of the mercantile marine, and, by consequence, as to the safety of our ships at sea.

But it is necessary to remind the Committee of the Seamen's Hospital Society that, in commencing a new lease of existence, they will incur new responsibilities as well as possess new privileges. Their range of usefulness should be widened, not only for the benefit of their clients, but for the advantage of those whose duty it is to perfect themselves in the arts of prevention and cure of disease. Opportunities should be afforded for the establishment of a good pathological museum—a very valuable nucleus for which now exists in the *Dreadnought*. This hospital, indeed, from the cosmopolitan character of its inmates, affords a groundwork for the study of pathology, practical medicine, and venereal and some other surgical diseases, such as very few, if any, institutions possess. The formation of a Naval Medical School at Greenwich Hospital has been frequently adverted to, and strongly urged, in these columns. We believe that Dr. ARMSTRONG, R.N., the present active Director-General, is particularly favourable to the scheme, and is anxious to place it before the Lords of the Admiralty for definite consideration. We trust that his efforts in this direction will meet with success, and there can be no doubt that most valuable material for clinical instruction would be found in the wards about to be tenanted by the Seamen's Hospital Society. But the *Dreadnought* authorities must first establish themselves, and make good their footing in their new home. In so doing, we would gladly invoke for them a large share of public support, and wish them great prosperity.

Medical Annotations.

"Ne quid nimis."

THE PATHOLOGY OF TUBERCULOSIS.

SEVERAL important points relative to this question came up for discussion at the meeting of the Pathological Society on Tuesday last. Dr. Weber brought forward a certain number of clinical facts bearing upon the supposed direct connexion, as cause and effect, between the occurrence of miliary tuberculosis and the prior existence of caseous deposits in the body. These facts seemed to show, it appeared to him, that tuberculous disease did arise from the absorption and circulation of corpuscular elements from caseous and allied pathological formations, and their subsequent deposit in various organs. Dr. Weber detailed the particulars of eleven cases of tubercular meningitis, one of typhoid fever followed by the same cerebral affection, and four of tubercular peritonitis, in which the connexion, or, at least, the co-existence, here referred to was observed. Dr. Wilson Fox expressed his belief that the theory that miliary tuberculosis was really and immediately dependent upon the previous presence of caseous matter was open to question. He thought that when caseous matter is found in glands, it should be taken as an expression of what—for want of a better term—we call a tuberculous diathesis—of a tendency in the past to the production of tubercle in the affected organ; the subsequent development of tubercle in other parts of the body being referable not so much to the absorption of cell-elements from the caseous gland as the renewal of the attempt to form tubercle, itself dependent upon the general disposition to the formation of this latter product. In the production of tuberculosis experimentally by local irritation, which seemed at first sight to bear out the view advanced by Dr. Weber, in common with many German observers, there was perhaps a septic influence at work; but if the local irritation sufficed to explain the tuberculosis, the disease spread by continuity, so that it was possible to trace the links between the general and secondary, and the original local mischief. But in the cases mentioned by Dr. Weber, this, Dr. Fox thought, could not be substantiated. The interest which the discussion excited was considerably heightened by a communication from Dr. Sanderson, who exhibited various preparations which he had obtained from Dr. Chauveau, of Lyons, and showing the lesions resulting from feeding bovine animals with tuberculous matter. These lesions consisted of tuberculous deposit in the mucous membrane of the intestines and bronchi, about the bronchi, in the liver, and peritoneum. Chauveau entirely coincides with Dr. Sanderson in the view which he has expressed, that these deposits originate in the normal adenoid tissue of the affected parts. The attention of practitioners should be carefully directed to the clinical examination of the question now so definitely started for discussion by Dr. Weber.

DR. RICHARDSON ON CHLOROFORM.

ON Tuesday afternoon Dr. Richardson delivered the first lecture of his promised series on Death by Chloroform, to a large and highly appreciative audience. It was preliminary in its general character; and was chiefly devoted to clearing the ground of certain prevalent errors, and to the enunciation of certain general principles. Dr. Richardson believes that the proportion of deaths from chloroform will be about one in from 1500 to 2000 cases of its administration; and he puts aside as exceptional, or accidental, or as being eventually raised to the same rate, the smaller mortality that has taken place in some institutions and in some hands. Admitting that there must be a difference between the patient who is killed by chloroform and the patient who is not killed, he declares that we do not at present know what the difference is. He recognises only one bodily condition as a distinct source of increased risk; and that is, a heart with its right ventricle dilated, and attended by bronchial cough and dilatation of veins. In one such case he declined to administer chloroform; and the patient died during its administration by another. Age, sex, the nature of the disease, the severity of the operation, and the skill of the administrator, he sets aside as having little or no bearing upon the result; and at least as adding nothing to what he calls the necessary average of mortality. He proceeded to speak of the precautions that should be taken; and laid much stress upon the effects of temperature and barometric pressure in determining the quantity of chloroform vapour that would be diffused in the air. He advised that the temperature of an operating room should be raised to 65°; that the preliminary fast of the patient should not exceed three hours in duration; that the last meal should be fluid, or semi-fluid (milk and beef-tea, with an admixture of grated biscuit, was recommended); that a little alcohol should be given shortly before inhalation, purely for the sake of its influence upon the mind;

that the recumbent or semi-recumbent posture should be enforced, and that, whichever was selected, the patient should not be moved about during the inhalation; and lastly that, as a rule, the administration should be rapid. He referred to the manner in which chloroform is resisted by men of great muscular power, while those of active brain succumb to its influence more readily; and, finally, he demonstrated by two experiments the mode of death. In a pigeon fully narcotised, a galvanic current called the muscular system into prompt activity, showing that the anæsthetic left the muscles unaffected, and that its action was upon the nervous centres. In a rabbit that had ceased to breathe, the lungs were found contracted and pale, while the heart was beating rhythmically; showing that the respiration was the vital function that failed; and also that the expiratory effort continued after inspiration had ceased. In subsequent lectures the subject will be continued, the means of resuscitation pointed out, and the uses of other anæsthetic agents discussed. We gather, from some of Dr. Richardson's observations, that he believes a person apparently dead from chloroform—that is, a person who has ceased to breathe, and who would actually die if either neglected or improperly treated—may be restored to life in almost every case; and that thus his rather large proportion of "necessary mortality" may be converted into a mortality that will be only temporary or apparent.

THE DIET OF SEAMEN.

WHILST we are continually urging the improvement of the diet of merchant seamen, and especially in respect of the supply of unadulterated lime-juice, we do not lose sight of the fact that the diet of the Royal Navy is still capable of improvement. We are glad, therefore, to find our contemporary, the *Army and Navy Gazette*, devoting an article to the subject, particularly in relation to the question of "savings," which have recently been threatened with extinction by some would-be red-tape reformer of Whitehall. "Savings," we may explain for the sake of the uninitiated, are the sums due to the several messes, on account of food &c. not taken up by them; and are expended in part in purchasing fresh vegetables &c. for the crew when a ship comes into port, the balance being paid over to be divided among the members of each mess at stated intervals. A fair supply of fresh meat now finds its way on board all of Her Majesty's ships when in port, and the improvement in the preserved meats now issued from Deptford yard has done much to remove the prejudices excited by the revelations of Goldner's notorious tin canisters some twenty years ago. There are however, still improvements to be desired, and this is especially the case in the cooking apparatus supplied to ships, and the class of men to whom the office of ship's cook is delegated. When the sister service is provided, by Capt. Grant's apparatus, with the means of roasting, baking, or boiling for large numbers at very small cost, even when in the field, it seems absurd that in a ship, where everything is handy, the old-fashioned system of perpetual boil should still be adhered to. With a little trouble the "galley" might be able to roast and fry, for a portion of the crew at least, daily, and the typical greasy cook might perhaps take a lesson in the art of culinary management beyond the mere superintendence of boiling pork or beef, or the manufacture of pea-soup.

We fully agree with the *Army and Navy Gazette* in the desirability of some modification of the sailor's meals, so that he should be provided with some warm and nutritious drink before "turning in," after perhaps keeping watch from eight to twelve in rain and storm. In warm latitudes we know that the great improvement of supplying the crew early in the morning with hot coffee has proved most beneficial to their health; and possibly in colder climates a similar arrangement at night might save the sick list a good many cases of catarrh, &c. Our contemporary ventures on the somewhat dangerous ground—considering naval prejudices—of suggesting some substitute for the time-honoured rum, which is the only recognised drink in the British navy. As regards officers, at least, there can be no reason why the issue of spirits should be continued, for they can already supply themselves with as much wine as they require; and possibly even the men might be better for a daily supply of wholesome wine, rather than an allowance of spirits, which too often leads the way to drunkenness and disgrace. The practical difficulty is, of course, the extra storage which would be required for a more dilute fluid like wine, in comparison with the more concentrated spirit; but when it is remembered that the quantity of water carried in tanks now-a-days is very materially diminished by the fact that every ship-of-war carries her own distilling apparatus in her engine boilers, it is probable that space might be found for the necessary quantity of "Gladstone's claret," if the authorities thought fit.

THE MAURITIUS.

IT appears very difficult to ascertain what is the exact health-condition of the Mauritius at the present time. The health officer and the principal medical officer apparently contradict one another. The *Commercial Gazette* protests against the English people judging of the state of the Mauritius by the health of the troops stationed there. It asserts, what is perfectly true, that the military, instead of being stationed in the healthy highland districts, such as the Plaines Wilhelms, have occupied unhealthy posts like Flacq, Mahebourg, and Port Louis. We quite concur in thinking that if the authorities had located the soldiers in the former position, a great saving in health and invaliding would have been effected. Now that there are railways, there can surely be no necessity for keeping any soldiers on the coast at all. We pointed out, almost at the commencement of the epidemic, that this was the proper course to pursue, and the chief military medical officers have in succession suggested that Plaines Wilhelms should be occupied as a military station. But the oft-recurring objection was raised—viz., the financial difficulties to be overcome. No barrack or other suitable accommodation existed in the highlands, and the troops consequently could not be removed there. Under these circumstances we urged that they should be removed from the Mauritius altogether. The mortality among the garrison has been very small, but the amount of sickness and inefficiency large. The health of the civil population has wonderfully improved, but fever, or diseases allied to it in character, still occur. The outbreak was no doubt excited by the occurrence of some exceptional meteorological conditions; and until extensive changes in the way of sanitary engineering have been effected, there can be no guarantee that the smouldering embers of disease will not burst forth again. There is one thing on which, however, the papers seem agreed, and it is that the principal medical officer is centralising in himself well-nigh all the medical and sanitary duties of the island, and monopolising the emolument connected therewith.

"HOSPITAL SUNDAY."

AT Chester, the new Board of Management of the local Infirmary held its first meeting on Tuesday, and passed a resolution to the effect that the clergy of the city should be solicited to appropriate a Sunday in the month of June, when a collection should be simultaneously made in their

respective churches in aid of the funds of the institution. "The Sunday" says the *Chester Courant*, "set apart for the collection may be designated, as in some other towns in England, as Infirmary Sunday." Chester shows an example which more commercial and ambitious towns would do well to follow.

The *Pall Mall Gazette* has taken exception to our suggestion that the Birmingham plan of giving *all* the medical charities of the town a participation in the benefits accruing from the collections on "Hospital Sunday" should be followed. Our contemporary prefers the Leeds plan, of confining the distribution of the proceeds to one or two institutions of good reputation and undoubted usefulness. We need hardly say that we are fully alive to the existence of many so-called medical charities which are in themselves very little, if at all, entitled to public support; and we, of course, would gladly see all such left out of consideration in our "Hospital Sunday" scheme. But the question, to our mind, has been—whether the remarkable success attending the Birmingham plan of making no distinction whatever as to the class of recipients, beyond apportioning the share to each institution strictly in accordance with its usefulness, could be reasonably hoped for on any plan of arbitrary selection. We have no exact data at hand, but our impression is that collections for one special hospital or infirmary, which are made in numbers of places year after year, yield less satisfactory results in the way of maintaining an average product than the example of Birmingham affords. Be that as it may, however, the essence of our suggestion is that a competent committee should in all cases be appointed, to whose discretion the division of the proceeds of collections would be entirely confided. If the committee has reason to be dissatisfied with the character of any institution claiming a share of the funds, it should, in our judgment, have absolute authority to disallow the claim. But, as a general principle, it seems to us that, if the collections are to be universal, the objects to be benefited by them must, as a rule, be general, and not special, in their character.

THE MEDICAL SOCIETY OF LONDON.

AT the Medical Society, on Monday evening, an adjourned debate on the proposed extension of the Contagious Diseases Act was continued and concluded. It followed a paper, read at the previous meeting by Dr. Charles Bell Taylor, of Nottingham, who is now widely known by the glowing imagery with which he illustrates the evils that he believes would flow from the adoption of the Act. His views were, of course, supported by a little knot of gentlemen whom it would be almost superfluous to name; and whose opinions upon the subject are commonly attributed to eccentricity, rather than to sound judgment. Some amusement was introduced into the debate by Mr. Brudenell Carter, who opposed Dr. Taylor's views, and who exhibited a huge handbill containing a protest against the Act. This protest was said to have been signed by "all the general practitioners, physicians, surgeons, and apothecaries (fifty in number), resident in Nottingham"; and it contained a variety of statements, to the absurdity of which it would be impossible to do justice, except by quotation—a proceeding that our space will not allow. But by way of illustration of its general character, we may refer to the assertion, that the practice of fornication had become more general in all countries in which the principle of the Contagious Diseases Act had been established. We are very curious to know how the practitioners of Nottingham obtained evidence to justify this statement. The statistics of universal fornication in all ages would surely be so very hard to collect and arrange, that the fact of having obtained them must be considered a philosophical achievement of the highest order. It is a matter for grave regret that the abilities and industry needed for such an inquiry should be left to languish in the cold shade of a provincial town, and we trust that the signatories of the document (to which it is only just to say that no names were actually appended) may be induced to move speedily to the metropolis, and to assist us, who endeavour to feel our way to truth on social questions, by their extraordinary acumen and unparalleled powers of research.

THE EXTENSION OF THE QUEEN'S HOSPITAL AT BIRMINGHAM.

As the metropolis of the "Black Country," Birmingham is peculiarly cognisant of the casualties (with their disastrous consequences) to which her working men are liable; and, accordingly, through her working men themselves she is about to add to the accommodation of Queen's Hospital for the reception and treatment of the sick and hurt. To carry out the design a committee has been appointed, with Mr. Sampson Gamgee as chairman; while Messrs. George Dixon, M.P., and Thomas Avery have accepted the office of trustees. The Committee, which, with the Mayor's permission, holds meetings every Tuesday evening in the Hall, appeals to the working classes for co-operation and assistance. These are responding with a heartiness which augurs well for the speedy consummation of the enterprise. The objects to be sought are judiciously set forth, and will be of use in promoting similar undertakings elsewhere. The patients are to be classified in separate waiting-rooms, so that a healthy subject labouring under a trifling accident, or harmless complaint, may be spared the risk and unpleasantness of waiting in a room already occupied with sufferers from contagious disease. Baths within the building, and carriages in connexion with it, so as to save the public ones from contamination, will be provided; while contagious cases are to be treated in a detached building. Funds will be specially raised, and set apart, to furnish men deprived of their limbs with the best artificial substitutes; and a conservatory, available for convalescents at all seasons, will be another of the hospital's adjuncts. Constructed on the best principles of hospital management, for the relief of the deserving, for the counteraction of indiscriminate charity, and for the encouragement of feelings of independence, it will prove a movement creditable to the philanthropic spirit of Birmingham, and worthy of imitation throughout the kingdom. No appliance or comfort requisite for the patients will be wanting; while the general working of the institution will be of such signal benefit to the community as to deserve, and doubtless to receive, the support of other classes than those for whom it was primarily designed. Birmingham knows well how to organise pecuniary undertakings; and we learn with more gratification than surprise that the gross sum already received is £2129 1*s.* 8½*d.* We shall watch the progress of her institution with interest, in the full assurance that in combating pauperism at its source she will reap the benefit of her practical adoption of the First Napoleon's maxim: "*Aide-toi; le Ciel t'aidera.*"

THE PUBLIC HEALTH.

THE Registrar-General's last quarterly return only confirms the anticipations we had previously formed, when it states that the closing three months of the year 1869 have yielded a death-rate considerably in excess of the average. Throughout the whole of England and Wales, alike in towns and in rural districts, the public health was very unfavourably influenced, chiefly, as we gather from the return, by the universal prevalence of scarlet fever, the climatic con-

ditions of the quarter having been, moreover, of the most trying character. Sudden alternations of high and low temperatures, which invariably leave their mark on the death-registers of the very young and of the aged, were of frequent occurrence; and as these atmospheric fluctuations co-existed with severe epidemic disease, the natural but lamentable result has been, that seven thousand lives have been lost over and above the number which would have been recorded had the mortality during the quarter not exceeded the ordinary rate for the season. It is much to be regretted that no precise information is given in the return as to the actual fatality of the scarlet fever epidemic, either for the quarter or the entire year; but when we read of the numerous instances in which this disease has caused one-fourth, and in some cases one-third, of the total deaths, we are led to the conclusion that as has been ascertained for London so it will eventually be found for the whole country, that the year 1869 ranks above all the previous years of which we have statistics, in regard to the destructiveness of scarlet fever. Measles also contributed in no small degree to swell the quarter's death-roll; sometimes in conjunction with scarlet fever and sometimes alone, this disease caused in many places so large a number of deaths as to indicate the existence of conditions that need investigation. Obviously, the fact that these epidemics have such a fatal power over the population as the return discloses should suffice to convince the Legislature how urgent is the need for the reorganisation of our whole sanitary system, on a basis that will admit of thoroughly effective measures being taken to limit, if not to prevent, their spread.

As we recently intimated, the Registrar-General intends to enlarge the scope of his future quarterly returns; they will particularise the births and deaths in every one of the registration *sub-districts* (instead of *districts*, as at present), and the fatal cases of the principal zymotic diseases will also be given, so far as the local registrars may be able to distinguish them. This alteration will make the returns far more useful for sanitary purposes than they have hitherto been.

THE SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

IT may be remembered that in November last, some considerable public indignation was excited by the death, at Sheffield, of a young woman named Mary Ann Wragg, who fell a victim to the want of activity or charity of the parochial officials in not supplying the wine and necessaries ordered by Mr. John Taylor, the assistant house-surgeon of the Sheffield Public Hospital. The case gave rise to a good deal of local correspondence, and, being commented upon in our columns, led to our publishing letters from Alderman Saunders, Mr. John Taylor, and others. The parochial authorities threw the blame on the house-surgeon, who they maintained had power to supply wine and nourishment from the dispensary; and so he had under some practically obsolete rule, for he had never heard of any such power, nor indeed had his colleague nor his predecessor. Any way, the authorities failed in making the young doctor their scapegoat, and he was felt to have done public service in showing up the inefficiency of the Poor-law officials.

Mr. John Taylor, however, was not a permanently appointed officer, his appointment requiring to be confirmed by the Quarterly Board of Governors in January; and at this meeting it was moved by the Rev. Mr. Earnshaw, and seconded by Alderman Saunders (*the chairman of the Sheffield Board of Guardians!*) that Mr. Taylor be not re-appointed, and this resolution was carried. But it will naturally be asked what the Medical Board was about, and particularly Dr. Hall, who occupies the somewhat incongruous posts of senior physician and honorary secretary to the institution. We find, on inquiry, that the governors could not have acted as they did but for a resolution of the physicians and surgeons in the following terms:—

"They are of opinion that the position the assistant house-surgeon had lately assumed towards the Weekly Board and themselves rendered it inexpedient that his appointment should be confirmed."

Now it is quite possible that Mr. Taylor may have misbehaved himself, and be deserving of this censure, and that the non-appointment has nothing whatever to do with the case of Mary Ann Wragg. On the face of it, however, the connexion between the two looks certainly suspicious, particularly when we find the chairman of the guardians so active in the matter; and though we shall be only too glad to hear from Dr. Hall that it is not the case, we are not surprised to find the *Sheffield Daily Telegraph* devoting vigorous leaders to enforcing the view that Mr. Taylor is now being punished for his humane temerity.

WIDOWS AND ORPHANS OF MEDICAL MEN.

THERE is no body of men who make larger or more unrequited sacrifices for the benefit of the community than medical practitioners—none whose removal by death, or disqualification by disease from the support of their families, leaves a heavier bequest of privation or suffering to their widows and orphans. The Society for the relief of such bereaved ones is deserving of the heartiest assistance from the public at large; but it must, of course, look first to the members of the profession to which the deceased bread-winners belonged. At the Quarterly Court held on the 12th ult. the directors voted the sum of £1380 to fifty-eight widows and fifty-three children for the half-year commencing January 1st, the list of recipients having been swelled by two widows and twelve children. The number of applicants, indeed, is on the increase; large sums are required every half-year to pay the grants; and the directors have again to appeal to the profession for additions, if not to the subscriptions, at least to the subscribers, so as to continue the amounts given in each case. We regret to find that the receipts of last year fell short by £147 of the sums distributed; and we have only to join the directors' petition for a more widespread liberality, to ensure their being spared the deplorable necessity of reducing the grants made to the widows and orphans of deceased members.

"FLOG AWAY."

WE have lately had occasion to comment upon the eccentricities of a contemporary with regard to the subject of chloroform, and the result has been the publication of a legend, the author of which does not appear fully to perceive its moral. We read that a medical practitioner, "riding home, found a man lying in drunken sleep in a hedge bottom. As the readiest means of resuscitation he sat on horseback and flogged him. After some minutes the man was sufficiently roused to growl out an inquiry 'What are you flogging me for?' and was answered, 'If I don't flog you you'll die.' He had sense enough to rejoin 'Flog away, then.'"

Upon the evidence, such as it is, which this incident affords, the writer founds what he is pleased to consider a defence of the practice of "towel-flipping" in apparent death from chloroform. It would be difficult to find a more admirable specimen of the fallacy of analogy; and indeed the only point of resemblance between the tipsy hero and the successfully towel-flipped patient is that the condition of each was probably equally free from danger, and that each only needed time and letting alone to make a perfect

recovery. The writer cannot understand how the towel-flipping can be both cruel and inefficient, and argues as if cruelty were a perfect and complete test of utility. We called it cruel because, if skilfully done, as by the practised hands of the seniors of the dormitory in our schoolboy days, it leaves bruises that are tender and painful for a considerable time. We called it useless (not inefficient) because no patient capable of being influenced by it would be in any peril, or would occasion the smallest anxiety to a skilled chloroformist. It is doubtless efficient as a means of hastening the return of consciousness, just as it would be "efficient" to tickle the patient with a hot iron, or to run pins under his finger-nails; and we think that either of these practices would have advantages over the "flipping" in the way of neatness and convenience. But the true moral of the "Flog away" is to be found in its application to the narrator. If his sleep be of such a nature as to permit him to dream that his recent deliverances about chloroform are in accordance with the responsibilities of his position, it will become necessary for ourselves and others to "flog away" very steadily and determinately indeed. From this duty we shall in no wise shrink, and we can only hope that the recipient of the chastisement will soon be sufficiently aroused to perceive its value, and to acquiesce in its continuance.

DR. LIVINGSTONE.

OUR great medico-missionary explorer has so frequently fallen a victim to the gloomy fancies of people at home, that we would fain hope the letter published by *The Times* on Wednesday, and dated January the 9th, may be discredited like all previous communications of similar tenor. Captain the Hon. Ernest Cochrane, commanding Her Majesty's ship *Petrel*, on the West Coast of Africa, writes to his father-in-law, at Donegal, that the Doctor was killed and burnt by the natives ninety days' journey from the Congo river. He passed through a native town, it seems, and was three days on his journey, when the king of the town died. The natives accused Dr. Livingstone of having bewitched him, and a deputation from them overtook, killed, and burnt him. Captain Cochrane believes this story to be true, while stating that it "comes by a Portuguese trader travelling that way." Tricks upon travellers are notorious, and Portuguese traders are not exceptionally trustworthy. We await authoritative contradiction of the statement with intense anxiety.

THE MYSTERIOUS DEATHS AT NEWPORT.

JUDGING from the full reports which have reached us relative to the sudden illness and death of three young children of Dr. Foster, of Newport, we cannot accept that portion of the verdict of the jury which states that the deceased "did not die from the effects of poison," as in keeping with the history of the sad occurrences, and particularly the medical testimony of those gentlemen who attended the children. Three children are taking suddenly ill, tetanic convulsions being one of the chief features of the attack, and quickly die. One is seized with illness on the Sunday, and dies the next day. The other two are attacked, if we mistake not, on Tuesday, and die on Thursday. Mr. Waterworth and Dr. Castle, who we happen to know are exceedingly able and well-informed practitioners, find it impossible to account for the symptoms of the attack on the supposition of natural disease, but only on that of irritant poisoning. The post-mortem examination discloses the existence of changes in the stomach and intestines exactly similar to those which would result from irritant poisoning; but Dr. Taylor fails, by chemical analysis, to detect arsenic, antimony, mercury, or the like, and he therefore believes that the deaths must be due to disease. Nothing has been said, as far as we can find out, about strychnine. We cannot see our way to accept Dr. Taylor's explanation, and the facts above mentioned induce us to endorse the original opinion of Mr. Waterworth and Dr. Castle as the correct one. Of course, we imply that, if poisoning did occur, it was accidental.

SALT IN THE ATMOSPHERE OF THE SEA COAST.

M. DHERCOURT has recently communicated to the *Union Médicale* the results of some investigations he has made to determine the presence of salt in the air of the sea coast. No one can have walked by the shore on a stormy day, even at a considerable elevation above the level on the sea, without distinctly perceiving a saline flavour on moistening the lips with the tongue; but whether any salt is raised from the sea by the mere act of evaporation on calm days is another matter, and on *à priori* grounds would probably be answered in the negative. M. Dhercourt, however, states that at Monaco, in places apparently quite protected from the wind, at an elevation of more than 200 ft., and at a distance of nearly a quarter of a mile from the sea, he has been able to prove the presence of chlorine compounds in the air, and on the surfaces of rough-leaved plants. His methods of obtaining evidence of the presence of chlorine consisted in transmitting large volumes of the air through distilled water, and also the exposure of carefully-purified cambric handkerchiefs for twenty-four hours, which were afterwards washed in distilled water. Nitrate of silver was employed as the test. When the wind blew strongly from the sea, the precipitate was of course very voluminous. The constant inhalation of such salt containing atmosphere must, without doubt, exert an influence on the economy. Would our readers experience its fullest effects?—let them take a walking tour this summer through Connemara and Mayo.

THE FUTURE OF THE "DREADNOUGHT."

MR. CHILDERS has earned the gratitude of our sailors in the mercantile marine, and of all those interested in that important service, by granting a loan of the infirmary of the Greenwich Hospital to the *Dreadnought* authorities. He has now an opportunity of furthering the success of a scheme of vital consequence to the community at large. The *Dreadnought* will shortly be vacated by the clients of the Seamen's Hospital Society, and will, in the ordinary course of events, go the way of all condemned hulks. If, as we confidently hope, the benefits of the Contagious Diseases Act be shortly extended, why should not the *Dreadnought* be moved to some convenient spot in Blackwall or Woolwich Reach, and utilised as a cheap and commodious receptacle for female venereal cases? The merit of this idea is entirely due, we believe, to Dr. Dickson, R.N., Medical Inspector of Her Majesty's Customs, who, in a very able memorandum on the subject, drawn up by request of the Board of Trade some eighteen months ago, pointed out how economically and efficiently our old wooden walls might be made subservient to the purposes of the Act above mentioned. We commend this subject to the earnest consideration of Mr. Childers and the Lords of the Admiralty.

GUY'S HOSPITAL.

THROUGH the kindness of the Baroness Meyer de Rothschild, the inmates of this hospital had a great treat afforded them last Thursday evening. The Baroness sent her favourite conjuror, M. Evanion, to give an entertainment, which was held in the large waiting room connected with

the out-patient department, and which was well filled with patients and others engaged in the work of the hospital. It is needless to say that the performance was a great success, and that the wonderful sleight of hand and ventriloquial powers of the performer were heartily applauded by his audience.

Similar entertainments have been held this winter at the London Hospital, at the Hospital for Consumption, and at the Hospital for Incurables; and, considering the beneficial influences which they never fail to produce on the patients, there is every reason to recommend the good example to every hospital in the metropolis.

THE CLINICAL SOCIETY.

AT the first meeting of this Society for the present session on the 28th ult. some interesting subjects were brought forward, but owing to the length of some of the communications little or no time was left for discussion. We think it well to remind members of this and of other Societies that the interest of the meetings must be materially aided by their limiting themselves to very short and condensed remarks, reserving details for the paper as published in the Transactions, where they can be perused at leisure. When a number of experienced observers are collected together, it is a pity that there should not be ample time to elicit their opinions. It is evident that this constitutes, indeed, the very *raison d'être* of a Society. By all means, we would say, let the paper be as full as possible, but let the contributor content himself by reading aloud only such portions as are absolutely necessary to place the subject fairly before the meeting and excite a discussion. This is a point which apparently is so often forgotten in all Societies that we venture to insist rather strongly upon it.

"FALSE MEDICAL CERTIFICATES."

SUCH was the heading of an account of an inquest held by Dr. Lankester a few days ago under, we believe, the following circumstances. The deceased, Mr. Frederick Robert Smith, had been seen by a medical man on the 22nd of January. He was found dead on his floor on the 25th, and the medical man who had seen him gave a certificate that death was caused by rheumatic gout and effusion into the pleural cavity. Dr. Lankester, according to the report, said that this was not the case, and reflected on the medical man for guessing the cause of death, which Dr. Gibson stated to be effusion into the pericardium. It is wrong in a medical man to give a certificate of a case which he has not seen for days, and which has terminated more seriously than he expected, though it must be allowed that here the medical man was not far out in his diagnosis. Probably the right course is midway between that of the practitioner's in this case, and that indicated by Dr. Lankester, who looks at sudden death from the coroner's point of view—that is, suspiciously.

HANWELL ASYLUM.

WE are glad to learn that the case of Santa Nistri, whose death in the Hanwell Asylum has hitherto been shrouded in a "conspiracy of silence," is being made the subject of renewed investigation. His friends hold out the reward of £100 to anyone affording convincing evidence as to how he met his fatal injuries. The investigation is carried on in private, so that we are still in the dark as to the circumstances in course of being elicited. Should the Visiting Justices succeed in bringing home the crime to its perpetrators, it will redound little to the credit of the asylum that its information became clear and decisive only under the condition of a pecuniary bribe.

DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY.

THE report of the Committee of Management for the year 1869 gives satisfactory indication of the continued and increasing usefulness of this institution. The number of both in- and out-patients was somewhat larger than in the previous year; the average cost of each patient per head per diem was a trifle less, and the income from subscriptions and donations was greater than in 1868. Allusion is again made to a practice of subscribers which operates against the hospital exhibiting its greatest powers of usefulness—namely, the sending so small a number of patients during certain months of the year that many of the beds are empty, while at other times patients have to wait some weeks for vacancies, the establishment being full. There is great force in this appeal, which we trust will receive the serious consideration of the subscribers. Dr. Robertson has again been unanimously re-elected chairman of the board of trustees and of the managing committee of the hospital; and the thanks of the committee are tendered to the medical staff for their arduous and valuable services. The annual meeting of the subscribers will be held on the first Saturday in April.

UNSOUND MEAT IN DUBLIN.

FROM the Annual Report of the Public Health Committee of the Corporation of Dublin, we find that, during the year 1869, the quantity of unsound meat confiscated in that city amounted to 147,203 lb., besides a large quantity of fish and fruit; and yet, with all this, there has been, to our knowledge, but one offender sentenced to imprisonment. The rest were fined, the fines amounting to the large sum of £8 13s. 6d.! Certainly, if the Dublin magistrates wish to see a stoppage put to this disgraceful practice, they will not be so lenient to the next batch of delinquents who come before them, and will, we hope, substitute imprisonment for mere nominal fines, which have been shown to be not of the slightest use in arresting this widespread evil.

CEREBRO-SPINAL DISEASE.

WE understand that cases of this disease have lately been prevailing in Cork. It first made its appearance at a flax-steeping place a few miles from Cork. Altogether about twelve cases have been admitted into the Cork Fever Hospital, and eleven of these have proved fatal.

RETRIBUTIVE JUSTICE.

A CHEMIST named William John Wells, aged forty, was charged at the Central Criminal Court with feloniously assaulting a young woman for the purpose of procuring abortion. He was found guilty by the jury, and sentenced to eighteen months' imprisonment with hard labour. This is not the first occasion on which the said William John Wells has had to answer to the same charge. He was tried for an almost precisely similar offence at the last session of the Court, but was acquitted.

Haro antecedentem scelestum
Deseruit pede Pœna claudo!

AMALGAMATION OF EXAMINING BOARDS.

WE understand that arrangements are now virtually completed, by which the Royal Colleges of Physicians and Surgeons and the Apothecaries' Company will combine for the examination of medical students, and will divide among themselves the fees paid for a conjoint diploma.

ST. LUKE'S HOSPITAL.

THAT nest of venerable abuses, St. Luke's Hospital for Lunatics, has again been dragged from the obscurity most proper to it, and exposed to the comments of the public and the press. Sir George Hodgkinson has written to *The Times* to point out that more than £21,000 of the capital stock has been sold out since 1851; and to suggest that steps should be taken to make known the wants of the hospital. His letter has called forth another, signed "Charity," in which the radical errors of the present management are clearly set forth, and investigation by a commission is advocated. It is quite certain that, if something of the kind be not done, the treasurer and governors will in time effectually silence complaints. They will spend all the money, and will thus bring the hospital to the last stage in its eventful history. The building will then revert to St. Bartholomew's, and, if the promised convalescent branch of that institution be still *in nubibus*, may, perhaps, by the wisdom of the authorities, be devoted to a purpose for which, by both site and structure, it is so admirably fitted.

WE shall be obliged to our readers who will take the trouble to bring under our notice the institution of "Hospital Sunday" in any of their localities, in order that we may be able to mark the progress of the movement. We have heard that it has just been determined to adopt it at Manchester, and it is quite likely that the same has been done in other places of which we have no knowledge.

THE *Gazette* of Tuesday last contains a brevet, by which the following medical officers of the Indian Army gain a step:—Bengal Army: Surgeon William Peskett, to be Surgeon-Major. Assistant-Surgeons Hugh Clark, M.D., George Sackville Sutherland, M.D., William Edward Caird, Emanuel Bonavia, M.D., Lindsay Frederic Dickson, M.D., and Adam Taylor, to be Surgeons. Madras Army: Assistant-Surgeons William Pierce Kelley and William Richards Grylls, M.D., to be Surgeons.

SOME of the local authorities at the East-end of London appear to be disquieted by Professor Frankland's discovery of "vibrios" in the water-supply of the East London Company; and, remembering the lessons of 1866, they have requested the Board of Trade to ascertain whether the alterations which the Company had engaged to make at its Old Ford reservoirs to preserve the water stored in them from contamination, have been carried out.

THE Committee of the Tetbury Cottage Hospital have received from Mr. Sotheron Estcourt the gratifying announcement that he and Mrs. Estcourt intend to bear the whole cost of erecting a new and enlarged building for the hospital, which has supplied a want that had previous to its existence been greatly felt in the locality.

BY the death of Mr. S. Bailey, a Sheffield banker, and a man of considerable reputation as a philosophical writer, the Sheffield Infirmary receives a legacy of £2000, the Sheffield Hospital and Dispensary £1000, and the Literary and Philosophical Society £1000.

THE Merthyr Tydfil guardians have lately ascertained that nearly a thousand children born within their union during the last six months have not been vaccinated. Repeated warnings to parents have been given ineffectually, a feeling against vaccination having grown up and been stimulated by the absurd statements of the anti-vaccinationists. The guardians will, we trust, see that so serious a state of things demands energetic and instant action on their parts.

THE Peabody estate at Brixton, which was lately seized under the law prohibiting aliens from possessing landed property in this country, has been restored by the Crown, and will be legally conveyed back to the trustees for the benevolent objects contemplated by the late philanthropist.

AT a meeting of the St. Pancras Board of Guardians on Tuesday, it was stated that sixty-two patients had been sent to the new infirmary at Highgate. The house-surgeon reported that the infirm wards continued full, and that a number of the inmates would be benefited by removal.

THE weekly return of the Registrar-General shows a continued prevalence of scarlet fever. There was, however, last week some abatement as compared with the three weeks previous.

THE examination to fill up the professorship of Experimental and Natural Philosophy in Trinity College, Dublin, was completed on the 20th ult. The examiners have recommended the Rev. John R. Leslie, A.M., F.T.C.D., as the best qualified of the candidates to fill the vacant post.

THE governors of Sir Patrick Dun's Hospital, Dublin, have at last withdrawn their long-continued opposition to any change in the compulsory rule, that candidates for medical degrees of the University of Dublin should take out a year's hospital attendance at Sir Patrick Dun's Hospital; one absurdity of this unjust restriction being that the hospital fees were higher than in any other similar institution in Dublin.

THE Government of Madras have favourably considered the recommendation of his Excellency the Commander-in-Chief, and have recommended Dr. Mackenzie to be admitted to the vacant good-service annuity—a distinction which will, no doubt, be conferred upon him by the Governor-General.

MR. LEWIS, of the Registrar-General's Department, Somerset House, has published some important suggestions upon the Collection of National Returns of Sickness, which appear to us deserving of more detailed consideration than we can give them this week, and we shall therefore notice them in our next issue.

THE charges against Dr. Ellis by the St. Pancras Board of Guardians were again the subject of inquiry on Tuesday, before Mr. Bere and Dr. Seaton. The investigation was brought to a close about five o'clock in the afternoon. The result will be embodied in a report from the Commissioners to the Poor-law Board. Other differences between the guardians and Dr. Ellis yet remain to be investigated.

PROFESSOR GUY'S LECTURES ON STATE MEDICINE.

ON the evening of Monday, the 31st ult., Mr. W. A. Guy, in his capacity of Professor of State Medicine in King's College, delivered the first of a course of eight lectures "On the Prevalent and Fatal Diseases of the English Population from the Earliest Times to the close of the Eighteenth Century." Having paid a generous and neatly-worded compliment to the founders of the Chair he was thenceforth to occupy, the lecturer took a rapid but vividly particularised survey of the past endeavours of Hygiene to form itself into a science, and showed their coincidence with a gradually growing sense of the political and social consequences of

fatal epidemics. The pauperising tendency of these agencies, and the disaffection towards constituted authority which they engender among the less-favoured classes, are not the only evils that directly flow from them. The influences that attract disease repel religion; so that the statesman, the judge, and the divine, have each a special interest in the study (with a view to the prevention) of phenomena which fall more particularly within the province of the physician. In the physician's case these phenomena may be dealt with after two distinct methods, and with two distinct objects. He may consider and treat them as they affect the individual, or he may consider and treat them as they affect the community. It is in the latter point of view that they form the subject-matter of hygiene, sanitary science, or State Medicine, as it is variously called.

For the study of this science we have two sources of knowledge; we have the records of the past, and we have the reports of the present. The former are far more valuable and instructive than we are apt to suppose; for, desultory and unsystematised as were the labours of physicians in the earlier stages of the science, they yet bear the impress of a keenness of observation and a sagacity of induction which future efforts may develop or supplement, but cannot altogether overshadow. The methods of procedure for the hygienic inquirer are various; but that which has proved at once the most serviceable and the most scientific is the numerical—unhappily called the "statistical" method. Prominent among the first English pioneers of practical hygiene was Sir George Baker, whose investigation and discovery of the genesis of Devonshire colic the lecturer described with great clearness and effect. The demonstrated connexion between the phenomena and the physiological effects, not of citric acid (as was supposed by Sir George's contemporaries), but of lead, as Sir George established, was a feat of medical induction which has had few parallels, though many imitations. The direct association of madness with overcrowding formed the next medico-historical picture which the lecturer bodied forth; after which came a discussion of the hot and cold regimens in small-pox, and the spontaneous development of "extempore hospitals." The illustrative details selected by Professor Guy were happily chosen, and served to put in vivid and effective light the various conclusions to which hygiene was slowly but steadily working its way.

The latter third of the lecture was devoted to the diseases of the eighteenth century, including the wasting diseases of children, with considerations on the saving of infant life. From these Mr. Guy passed on to the scourges of the adult population, which, terrible as they were, lost none of their impressiveness in the hands of the lecturer. The consumption that prevailed in direct proportion to the want of breathing-space and air-renewal; the horrible effects of scurvy, which used so to cripple seamen that vessels foundered in mid-ocean from the inability of the crew to work them; the still more shocking and loathsome distemper of gaol-fever, which communicated itself from the criminals in the dock to the judges on the bench; and, last of all, the happily extinguished, or well-nigh extinguished, scourge of small-pox, were severally depicted by the lecturer in striking colours. For each of those maladies there was the discoverer of a remedy. Scurvy virtually received its death-blow from Captain Cook; gaol distemper from "plain John Howard"; and small-pox from Jenner. A brief but effective recapitulation of the chief *momenta* of the survey, followed by a few judicious observations on "sanitary reform and national safety," formed the conclusion of the lecture, which was loudly applauded by an unaccountably small, but eagerly-attentive and appreciative audience.

The next lecture in the course will be delivered on Monday, the 7th of February, when we hope the profession and the more enlightened of the general public will not fail to afford themselves the gratification of listening to Professor Guy's most able, lucid, and instructive exposition.

MEDICAL CLUB.—The members of this Club held their usual monthly dinner at the Club-house, on Wednesday last. Mr. Erasmus Wilson, F.R.S., presided, and there were present Dr. J. Foster Jenkins of New York, Dr. B. W. Richardson, F.R.S., Sir C. R. M'Grigor, Bart., Samuel Solly, Esq., Dr. Swettenham, Deputy Major-General (Army), Mr. Heather Bigg, Dr. B. Miller, Dr. Allen, Dr. Ligertwood, Mr. W. Adams, with other members and guests.

INDIAN LITERATURE ON CHOLERA.*

CHOLERA is, happily for us, an irregular visitant, and it is only when it is threatening to approach our doors, or actually present with us, that it engrosses our attention; but in India it is far otherwise. Its advent in an epidemic form is, year after year, a source of dread, or, on the other hand, its non-appearance during the cholera season is a source of congratulation. The loss of life caused by it is so enormous that it forms a constant drain on this country to meet the demand for fresh troops; and it often happens that cholera extends from Lower Bengal, the place of its perennial abode, in various directions along the great thoroughfares of human intercourse. We can understand, therefore, how much the history of this disease enters into the official sanitary and medical writings of India. Among the reports which have recently reached us is one of a very voluminous and ambitious character by Dr. Bryden. That Dr. Bryden has brought great industry and ability to his work there can be no doubt, and it would only be fair to allow that he has marshaled together a large number of facts in support of the position which he takes up. His review of the facts regarding cholera in the Bengal Presidency extends over the last forty-two years; and his statistical appendix includes particulars of the disease among the European and native troops since 1826, and among prisoners since 1835.

It requires no little attention on the part of Dr. Bryden's readers, however, to follow his arguments. After having read much of what he has to say, we could not help feeling that his position was like, but far inferior to, that of the military strategist who seeks to develop, in the retirement of his study, a perfect theory of war with the aid of charts and plans.

Dr. Bryden proceeds to his investigation into the natural history of cholera in its relation to locality and time. The Bengal Presidency may be divided into two great areas. In the Lower Provinces cholera has a "permanent and perennial abode"; in the Upper Provinces the cholera is merely a visitor, as it is in Europe. It is renewed by "invasion from without." Hence these two sections of the Bengal Presidency are termed respectively "the area of endemic cholera," and "the area of epidemic cholera." In connexion with its relation to time is the fact that in Upper India the cholera, when epidemic, almost totally disappears from the first week in October to the 20th of April. In the Lower Provinces, on the other hand, in Eastern Bengal (endemic area) the cholera is most prevalent from October to May—i.e., in the very months when it dies out in the Upper Provinces.

The geographical distribution of an invading cholera is purely a phenomenon of meteorological significance. Cholera has no locomotive power in itself, and the geographical distribution of an advancing epidemic is essentially dependent upon the existence of a vehicle. A cholera which has no vehicle is anchored, and is shown in localised outbreaks only. The vehicle is in all cases, and whenever epidemic advance is in progress, a humid atmosphere. The prevailing wind is the agency which directs the course of an advancing epidemic, and determines its limitation in geographical distribution.

We have then a something—the product of the soil of the endemic locality—which, borne on the wings of the wind, invades the surrounding country, where it can subsist or be reproduced for three years, after which it dies, when the invaded region is safe from cholera, unless there be a fresh invasion.

"The reproduction of cholera in each year," Dr. Bryden says, "is essentially a vital phenomenon proper to the miasm of cholera as an object of natural history. The phenomenon is manifested whenever cholera is met with, either in the endemic or epidemic provinces. It is the equivalent of the budding of a tree or the flowering of a plant. The date of reproduction is regulated by the normal conditions of the geographical position in which cholera finds

* A Report on the Cholera of 1866-68, by James S. Bryden, M.D. Blue book. Calcutta, 1869.

itself; for example, the very same reproduction which occurs in one locality on the 20th February is delayed in another to the 20th April, and yet the two are one and the same phenomenon."

Dr. Bryden, without denying that cholera may be carried by human intercourse, still considers that this, instead of being a principal, is in reality a very subordinate factor in the spread of the disease. We hold it, on the contrary, to be one of primary importance in every sense of the word.

(To be continued.)

Correspondence.

"Audi alteram partem."

THE GLASGOW INFIRMARY AND THE ANTISEPTIC TREATMENT.

To the Editor of THE LANCET.

SIR,—In a letter addressed to you by the Managers of the Glasgow Infirmary through their secretary,* it is affirmed that I have made unfair statements in a paper which you lately did me the favour to publish;† and I fear that if this charge were to remain unanswered it might shake the faith of the profession in my testimony. I will, therefore, proceed to notice in succession the various points of this communication.

In the first place, statistics are adduced to show that the surgical hospital has not been an unhealthy one as compared with other similar institutions. But my statements referred, not to that building as a whole, but to the lower wards of it, and especially to those on the ground-floor. I was well aware that the wards in the highest story were very healthy ones, as might be expected from their elevated position raising them above the sources of mischief in the adjacent ground. But the unhealthiness of the ground-floor wards in former times was well known to the managers, and is but too plainly indicated by my statistics of amputation, which I confess I felt somewhat humiliated in publishing. I believe I have not been guilty of any exaggeration in speaking of those wards as "some of the most unhealthy in the kingdom" before the introduction of the antiseptic system. There is one point with regard to the figures given in the letter which is extremely satisfactory to myself—viz., that they serve to contradict, on competent authority, an anonymous statement which was made some time ago in one of the medical journals, and has been repeated *ad nauseam* in various quarters, implying that the use of antiseptic measures in the Glasgow Infirmary had led to an increased mortality. This statement, which was said to be founded upon the hospital records, I could hardly have contradicted, although it was entirely the reverse of the truth as regarded my own department, without appearing to cast a slur upon the practice of my colleagues. But I rejoice to find that, taking the results of the practice of all the four surgeons of the hospital, the death-rate during the three years of the antiseptic period has been less by fully one-fifth than during the five previous years.

In the second place, "the directors positively deny" my statement that, at a certain period, I "was engaged in a perpetual contest with the managing body, who were disposed to introduce additional beds beyond those contemplated in the original construction"; and this denial is supported by an allusion to an arrangement made by the directors in 1866 regarding the number of beds in each ward. But some of the managers now in office were not connected with the institution during the period to which I refer, which was between 1861 and 1866. The word "contest," though perhaps an unfortunate one, expresses but too well the perpetual struggle which I at one time maintained, not, indeed, as a general rule, with any of the managers personally, but with the superintendent, who acted on their behalf, and who, being an exceedingly gentlemanly man, found it very difficult to please both parties. The excess of beds beyond what appeared to me right was chiefly in the form of cribs for children, no less than six of which, if I recollect rightly, were at one time introduced into my female ward with the object of making it serve the purpose of a children's hospital. And as there must always be several children in such a ward, the effect was practically much the same as if six additional beds for adults had been placed there. A gentleman who was formerly my house-surgeon could tell how, being once left in charge in the superintendent's absence, he exerted his temporary authority in removing the extra beds; and, the change effected by this expedient being afterwards maintained by dint of constant vigilance on my part, my wards presented for the next two years and a half a striking contrast to all other wards in the house. The new arrangement by the managers in 1866 was, as regards the hospital generally, a great improvement, but it did not come up to my own idea, nor to that which I had previously succeeded in carrying out; and if it had been strictly enforced, my wards, instead of benefiting like others, would have had additional beds introduced. In my female ward, I contrived to evade it, by stowing away empty cribs in a private room; and in my male accident ward, the previous arrangement was happily left undisturbed, so that it contained, and I believe still contains, two beds less than the other ward of the same size on the same floor. Thus, with reference to the subject of my late paper, it is very important to observe that, during the three years preceding the antiseptic period, my wards contained precisely the same number of patients as they did during the three subsequent years, which presented so striking a contrast with them in salubrity, except only that, as stated in my paper, the nurse of my female ward was of late allowed to re-introduce the unused cribs, and also to put two children in one bed, in consequence of the healthiness of the inmates.

When speaking of the struggle above mentioned as a contest, I intended nothing disrespectful to the managers. Each party had a laudable object in view. They desired to accommodate as many patients as possible, while I was very anxious that those who were admitted should have favourable atmospheric conditions; and these two laudable objects were for a while antagonistic.

In this connexion the letter proceeds to speak, with what relevancy I do not understand, of my keeping patients longer in the hospital than other surgeons; and it is stated that, in my male accident ward (24), which is that to which I have especially referred, only about two-thirds of the number were under treatment that were admitted into the corresponding ward (23) on the same floor. In making this statement, the author of the letter has strangely overlooked the fact that, partly in consequence of two additional beds in the body of the ward, and partly from the existence of three private rooms in connexion with it, such as have nothing to correspond to them on the other side of the house, Ward 23 contains twenty-one beds, while Ward 24 has only fifteen; a difference in accommodation which nearly accounts for the differing numbers of the patients.

Had the proportionate numbers been still less in my ward, I should not have been surprised, because the great mortality which Ward 23 at one time presented led to the premature dismissal of patients in a way most undesirable. But the fact that a nearly equal number in proportion to the beds were treated in my ward, in spite of the long detention of some cases of serious injury which, but for the antiseptic treatment, would have received a too early dismissal, tends to prove, what I have long believed, that the rigid enforcement of the antiseptic principle, by hastening the cure of the majority of the patients, more than compensates for the long detention of exceptional cases.

Some abscesses connected with diseased bone, treated in the chronic and female wards, certainly proved extremely tedious, and severely tried my patience, as well as that of the managers. But I have the satisfaction of knowing that several persons once affected with suppuration of the hip-joint or vertebræ, are now useful members of society, who would, as I believe, have been most of them long since in their graves had I not perseveringly carried out the antiseptic treatment.

I am next charged with inconsistency for having shown a strong desire to be continued in office as surgeon to the infirmary in 1869, whereas I had previously felt it a ques-

* See THE LANCET, January 29th, 1870.
† Ibid., January 1st and 8th, 1870.

tionable privilege to be connected with the institution. But seeing that the wards had, in the interval, undergone a total change from great unhealthiness to the very reverse, the whole ground of my previous feeling regarding them had ceased to exist. Not that in using the expression "questionable privilege" I intended to convey the idea that I had at any time actually contemplated resignation of the office. Its importance as a means of instruction would undoubtedly have induced me to retain it even if I had continued to suffer the bitter anxieties and disappointments which the unhealthy state of the wards formerly occasioned.

The letter then points out a mistake which I made "when speaking of the male wards as being on a level with the ground behind the hospital, the fact being that the ground is from 12 to 15 feet below the floor of the lowest wards." Here I inadvertently committed an inaccuracy, though not to the extent above indicated. I judged roughly from the appearance of the ground as seen from the back windows of my ward (24). But it turns out, from an estimate which I have had made, that there is a difference of level of between five and six feet between the floor and the ground; and in the case of Ward 23 the difference amounts to nearly twelve feet, in consequence of a slope in the ground, which, as I never looked out of those windows, had escaped my notice. But the mistake is not one of very material moment.

The next paragraph in the letter I am compelled to quote entire: "With reference to the cleaning of the wards which Mr. Lister had charge of, the same cleansing was applied to them as to all the other wards in the house." This statement positively astounds me. Certain it is that my wards were not subjected to any annual cleaning during the three years of the antiseptic period. The sentence therefore must be interpreted as meaning that all the other wards were similarly left undisturbed. But the author of the letter must surely have a lively recollection of the fact stated in my paper, that in the latter part of the first year Ward 23 was cleared out and shut up entirely for a while on account of its great mortality; and I was present, by desire of the managers, at a conference which they held with the medical officers, with the view of eliciting any suggestions as to how the walls &c. might be treated so as to prevent similar infection for the future. As to what has taken place in other wards I do not know from personal observation; but I was informed, through trustworthy sources, that some at least had been emptied and thoroughly cleansed once, if not oftener, in the course of the last three years.

I am next said to have "fallen into a grievous mistake as to the pit-burying" in the cathedral churchyard. The pit which I saw is stated to have been "about sixty yards to the north-east of the hospital," and "such interments were not made there till January, 1869." With regard to the former point, I have said in my paper that the grave in question was "a few yards only from the windows of the surgical wards." I know that, as I stood beside the pit, it seemed most uncomfortably near the hospital; and, after all, sixty yards are not many for the distance of such a neighbour. As to the second point, it is, I fear, the author of the letter who has fallen into error. Considering the enormous number of bodies that are said to have been so buried in that locality—for, to quote again an extract from THE LANCET copied from one of the Glasgow newspapers, "the Dean of Guild is said to have computed that five thousand bodies were lying in pits holding eighty each ..... around the infirmary,"—it appears utterly incredible that all should have been placed there within a twelvemonth. But, besides this inference, I have evidence, from inquiry made from eye-witnesses, that the process of pit-burial has been going on for many years past in the same burying-ground, if not in the identical spot where I saw it.

Finally, it is said that "the directors have no intention of discussing the effects of the antiseptic treatment; but, in their opinion, which is shared by those of their number belonging to the medical profession, the improved health and satisfactory condition of the hospital, which has been as marked in the medical as in the surgical department, is mainly attributable to the better ventilation, the improved dietary, and the excellent nursing, to which the directors have given so much attention of late years." I cannot believe that the author of the letter has here represented faithfully the sentiments of the medical members of the board of management. Some or them have, to my knowledge, a very different opinion of the antiseptic treatment from that which is implied in the above passage. And to suppose that the kind of change which I have described as having taken place in the salubrity of my wards can be attributed to the causes referred to, is simply out of the question. As regards the ventilation of those wards, it remains precisely as it was, with the exception of a freer access of air to the back of the hospital, in consequence of taking down the high wall, as mentioned in my paper; and this was not done till my patients had been already for nine months perfectly free from hospital diseases. As to nursing, my department was not affected by the change that occurred. I was fortunate enough to have excellent nurses from the commencement of my connexion with the infirmary, and I continued to have such to the last. And as to the dietary, the idea that a mere improvement in rations would abolish pyæmia, erysipelas, and hospital gangrene, is one which would hardly enter the mind of an intelligent medical man. In speaking thus, I do not wish to undervalue the improvements which have been introduced of late years into the system of management.

In conclusion, I must express my regret at appearing in collision with a body of gentlemen for whom I entertain sincere respect, and from whom I have always received consideration and kindness. Finding myself in possession of a mass of evidence which appeared to me to be of great importance to the community, I felt it my duty to publish it in detail. And looking back upon the manner in which my statement was made, I do not see in it any just ground of offence, except, perhaps, the unfortunate word "contest," which, as I have explained, was not intended in any disrespectful sense. With that exception, I have not said anything which could be construed as in the slightest degree reflecting on the managers. When mentioning the interments near the hospital, I pointedly alluded to the energetic and praiseworthy exertions of the directors to suppress or mitigate the evil. Had I spoken of the unhealthiness of the wards as something which could not be avoided, it might with some justice have been objected that I had cast needless discredit upon the infirmary. But when I mention it as a thing of the past, and show that for three years those wards have been more free from hospital diseases than, I suppose, any other surgical wards in the world, I have surely thrown credit, not disgrace, upon the institution over which the directors so ably preside, and to which I am myself so deeply indebted.

I am, Sir, your obedient servant,

Edinburgh, Jan. 29th, 1870. JOSEPH LISTER.

ON THE PHYSIOLOGY OF THE IRIS.

To the Editor of THE LANCET.

SIR,—Your excellent leading article on the Physiology of the Iris induces me to bring under the notice of your readers certain experiments and observations bearing upon that subject which I have made during the past seven years.

For convenience, I shall follow the order adopted in your article. I think it can scarcely be questioned now that the iris is muscular in structure, and that the muscular fibres are so arranged as to constitute a sphincter and a dilatator pupillæ. That it is not an erectile structure (the only other presentable theory) is amply proved in many ways, but convincingly by the fact that, in the dead eye, mydriatics, myotics, or galvanism alter the size of the pupil. You refer to Engelhardt's experiments as proving the existence of a dilatator pupillæ. These do not appear to me so conclusive as many suppose, because, the process being somewhat prolonged (involving as it does section of the sympathetic, tosting of the nerve cut, and the application and development of the action of the Calabar bean before the stimulus is again applied), the nerve may in the meantime have become devitalised. I am the more inclined to believe that it is so from the fact that corresponding experiments have in my hands yielded opposite results. My method of proceeding was as follows:—I first laid bare the cervical sympathetic, subjecting the nerve to as little manipulation as possible, and, by applying a galvanic stimulus, satisfied myself that the filament was the sympathetic. Leaving the nerve uncut and in its natural situation, so as to preserve

its vitality, I next induced strong myosis by the application of the Calabar bean to the eye, when, on again stimulating the sympathetic, I still found dilatation of the pupil to ensue, though not so rapidly nor to such an extent as prior to the application of the bean.

In 1864, I also incidentally observed that the direct application of an interrupted galvanic current to the eye, immediately after death (the electrodes being applied to opposite sides of the cornea), induced marked contraction of the pupil. On consulting authorities, however, I found that this fact had been previously ascertained, and further, that if a short time elapse after death before the application of the current, dilatation in place of contraction of the pupil is induced. (Ruyter.) I have also found contraction of the pupil to ensue from the application of galvanism to the living eye.

As bearing intimately on the theories regarding the mode of action of atropine and the Calabar bean on the iris, the effects produced by these agents in cases of spinal myosis* deserve close attention. If, in such cases, strong solutions of atropine be applied to the eye, only a *medium* dilatation with complete immobility of the pupil results. This can only be satisfactorily explained by the theory that there is now paralysis of the circular as well as of the radiating fibres of the iris; or, in other words, atropine induces paralysis of the sphincter pupillæ. If, on the other hand, in such cases a solution of Calabar bean be applied to the eye, a still further contraction of the pupil ensues, which, as the dilatator pupillæ is already completely paralysed, can only be ascribed to a stimulation of the sphincter. This, I consider, a most important corroboration of the view I originally propounded, that the Calabar bean acts by stimulating the ciliary branches of the third nerve (which supply the sphincter).

Another very curious circumstance may be observed in all well-marked cases of spinal myosis—viz., that while the retina may be quite sensitive and the ciliary branches of the third nerve healthy (as indicated by further contraction of the pupil occurring when a near object is viewed), yet no effect is produced on the pupil by any alteration in the amount of light admitted to the eye. This insensibility of the pupil to light can only be ascribed to the pathological condition of the cilio-spinal (sympathetic) nerves, from which we must necessarily conclude that these nerves form part of the chain of connexion that exists between the retina and the pupil. This has led me to throw out the suggestion that the contraction of the pupil which naturally occurs when light is admitted to the eye is not, as has been hitherto supposed, an excellent example of reflex action, but an isolated instance of normal, temporary reflex paralysis.

This insensibility of the pupil to light, in cases of myosis depending on paralysis of the dilator fibres, contrasts with the mobility of the pupil which exists when myosis is artificially produced in a healthy eye by the application of the Calabar bean, in which, as I maintain, the contraction is due to stimulation of the sphincter fibres.

I cannot, without too great an encroachment on your space, enter more fully into my views on these very intricate points, but must refer those desirous of further information to two papers published by me in last year's *Edinburgh Medical Journal*.

I am, Sir, your obedient servant,

Edinburgh, Jan. 26th, 1870. D. ARGYLL ROBERTSON.

* By spinal myosis, I mean a contracted state of the pupil due to paralysis of the filaments which pass from the spinal cord to the cervical sympathetic, and thence to the dilator fibres of the iris.

HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I have lately been treating severe cases of whooping-cough very successfully with small doses of the hydrate of chloral. In children of about six years old, five grains given two or three times daily, in a little syrup and water, will usually mitigate the severity of the paroxysms. As often happens, if the cough is not very distressing during the day, but increases in violence after the child is put to bed, then about six grains given only at bedtime will in most cases ensure a comparatively quiet night. Such doses do not seem to produce drowsiness, nor any bad effect whatever. I have been using it in my own family and elsewhere; have watched its effect very closely, and am satisfied that, where the cough is unusually severe, and likely in consequence to lead to other complications, it will prove a most invaluable remedy. I have also been using the solution of the peroxide of hydrogen in this complaint, as recommended by Dr. Richardson, and find it likewise a good and safe sedative, but not nearly so efficacious in severe cases as the hydrate of chloral. In some of my cases I have been giving the solution during the day, and a dose of chloral at bedtime, with marked benefit.—Your obedient servant,

ALEX. MAXWELL ADAMS,
Jan. 25th, 1870. Surgeon, 2nd Regt. Lanark Militia.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

AMONGST pathological rarities must henceforward be numbered the extraordinary kidney which Dr. Robert Jolly exhibited last Wednesday before the Midland Medical Society. It was removed from a boy five years old, a patient of Mr. Sainthill Pearse, of Brierly-hill. The kidney weighed 11 lb. 4 oz. It was of an oval shape, and measured 31½ in. in circumference, and 13½ in. in its shortest axis. A swelling was first noticed in the left loin when the child was three months old. The mass was covered by a dense, firmly adherent capsule. A section revealed no normal renal tissue, but lobes of various size, separated from each other by septa. Each of the lobes was made up of a semi-transparent, bluish, reddish, or greyish matter, consisting of free nuclei and nucleated cells, interspersed with a quantity of molecular matter. The right kidney was somewhat enlarged, but healthy; it weighed 4 oz. The spleen was normal; the liver infiltrated with soft colloid matter.

Half the lower jaw has been recently removed for myeloid disease by Mr. William Thomas, of Bradford-street. The patient was a milkman aged thirty-one. The tumour first appeared about seven years ago, but it was only during the last seven or eight months that it rapidly increased. It occupied nearly the whole left half of the lower jaw, extending from the neck of the condyle nearly to the symphysis, on the outer and under aspects, encroaching very little on the cavity of the mouth. It was removed by sawing through the symphysis and ramus, and subsequent disarticulation of the condyle. After removal the mass weighed 23 oz. The patient progressed most favourably, and on the seventh day after operation was sitting up.

Dr. Mackey has read a paper, entitled "Further Observations on the Theory and Practice of Inhalation of Oxygen Gas," directed to three special points:—1. The possibility of extra-absorption of oxygen by animals made to breathe an atmosphere charged with an extra proportion of it. The numerous experiments already made to determine this point were contrasted, and conclusion drawn in the affirmative; and it was also pointed out that, however experiments on animals might be interpreted, there were many arguments in favour of the possibility of extra-absorption, at least by invalids, in whom the ordinary relations between lung and atmosphere were altered, and by whom the diluted gas was inhaled with deep voluntary inspirations. 2. The effects of inhalations taken in average health—which were described as amounting to general increase of vital power—being neither dangerous, as feared by some, nor inert, as asserted by others. M. Demarquay's work was freely quoted on this point. 3. Whether phthisis was a disease of hyper- or of sub-oxidation, concluding it to be the latter. Oxygen gas, in proper dilution and with certain precautions, was found useful in all stages of the ordinary form of phthisis,—it had not been tried in the acute form. Two kinds of apparatus were described—that of Mr. Barth (London), and that of M. Limousin (Paris).

"Unqualified Assistants" was the theme selected by Mr. Sainthill Pearse for a very spirited paper read before our branch of the British Medical Association. The author took high professional ground, and contended that the honour and interest of the profession demand that none but legally

qualified men should practise either as assistants or principals. He urged, with great force, that men would never take low-priced clubs unless they could reckon on doing the bulk of the work by the agency of cheap unqualified deputies—a practice unjust both to the public and to the cloth. Mr. Thomas Underhill, the president-elect of the Branch, and one of the oldest and most respected of the surgeons of the Black Country, admitted that it was not right to put unqualified men in charge of branch practices; but he had known assistants without a diploma very much more reliable in actual medical and surgical work than some possessors of degrees who were ignorant of practice. Incidentally the question of apprenticeship cropped up; and it was generally conceded that what is wanted is, that no young man shall obtain a diploma without giving evidence of practical as well as of theoretical knowledge. Unqualified assistants are a heritage of old days: medical reformers denounce them, and they cannot be perpetuated; but it is only just to admit that their ranks include many well-meaning, many worthy men, who have often been prevented qualifying by reason of fortune and family calls. Let us hope that the change, which the advancement of the profession demands, may be effected with as little personal hardship as possible.

Queen's College has just escaped a grand metamorphosis. A building of questionable architectural merit, occupying one of the finest sites in the centre of the town, fresh from purgation through the double fire of Chancery and Parliament, and rather heavily in debt,—the Queen's College seems to have attracted the notice of Mr. Josiah Mason, as soon as he had signed the deeds transferring £250,000 to endow the magnificent Orphanage which he has built at Erdington. Technical education is just now the order of the day. Our great philanthropist seems to have thought that if he could buy the site on which Queen's College stands he would build on it a grand technical school, and endow it *à la* Mason. It is needless to say that the Queen's College Council entertained the proposal very seriously, and it seemed likely that the value of the present Queen's College site would be sufficient to pay off the debt, buy a freehold site elsewhere, and build another Queen's College to start new life without encumbrance. For the present the whole scheme has fallen through; and, if report speak truly, Mr. Sands Cox is to some extent responsible for the miscarriage. He owns property with rights of way at opposite angles of the College square, and the conditions attached to the cession of his rights were so onerous, that the fine scheme was not financially workable. It is to be hoped very sincerely that Mr. Josiah Mason will not abandon his grand project, and that Mr. Sands Cox, forgetting the contests of his later life, will be true to those early and generous aspirations, which at one time promised so much for the honour of the profession and for his own fame.

Birmingham, Jan. 24th, 1870.

Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

The President of the Spanish Cortes.—Opening Lectures of Professors Schiff and Mantegazza.—The Cholera in Russia.—Successful Extraction of a Kidney by Dr. Simon of Heidelberg.—Student manifestations at Madrid.—Foreign Prizes, open to medical men of all countries.—Forthcoming prizes of the Paris Academy of Medicine.

THE newly elected President of the Spanish Cortes, who as such forms part of the existing ministry, is a medical man. It is the first time that a medical man in Spain has been called upon to take part in the government of the country, and the election of Don Rivero has been greeted with infinite pleasure by the Spanish medical press. They expect that through his credit and abilities the new ministry will be able to obtain some salutary reforms of the existing laws on medical and sanitary matters, which are extremely imperfect. The mode of teaching in the Universities, the medical curriculum, the organisation of the medical societies and academies, the laws in connexion with the mineral waters, the practice of pharmacy, charitable institutions, &c., are especially pointed out as urgently needing thorough revisal and amendment.

Professors Schiff and Mantegazza, the eminent Italian physiologists, have just inaugurated their respective courses of lectures at Florence, with the greatest success. Professor Mantegazza now occupies a chair of anthropology, which has been expressly created for him. His opening lecture took place on the 14th instant, in the presence of a crowded audience. Professor Schiff is now lecturing at the Hospital Santa Maria Nuova, instead of at the Museum of Natural History, as in the preceding years. This change is extremely favourable. The Hospital of Santa Maria Nuova is in a central quarter of the town, and therefore of much easier access than the Museum. The eminent physiologist has chosen the action of the vaso-motor nerves as the subject of this year's course. His opening lecture is one of considerable value. All the professors of the hospital, together with the scientific celebrities of the city, were in attendance, and warmly manifested their pleasure and admiration.

The disappearance of cholera at Kiew has been officially notified. It appears, however, that a few cases persist at Orel. From December 4th to 11th there had occurred as many as 76 cases, with 36 deaths.

Dr. Simon of Heidelberg has performed a surgical operation of considerable interest. In a woman upon whom he had performed ovariotomy there remained a flow of liquid issuing from a distinct situation in the abdominal cicatrix. All remedial proceedings, and even autoplasty, were successively tried to no purpose. The character of the fluid was then investigated, and was found to be urine, proceeding from a lesion of the ureter which had occurred during the operation. Dr. Simon then undertook a series of experiments on animals with the object of determining whether a kidney might be removed without any evil consequences to the economy. The end of these researches was the decision to extirpate the kidney, and the operation has been performed with the most satisfactory results.

Some disturbances have again taken place at the School of Medicine of Madrid. The students of medicine have manifested their displeasure on the occasion of a series of bye-laws enacted by the Professors of the Faculty, with the object "of regulating the relations between students and professors." These bye-laws, which are nothing but an attempt to compel the students to attend upon the lectures, curiously divide the total number of alumni into two classes: the first are considered as *inscribed* students, and consist of those who have entered their names upon a professor's register; they have a right to special seats in the amphitheatre, and are, so to say, under the lecturer's eye. The second class of students consists of those who are simply matriculated at the school, or, in other words, have not inscribed their names on the special register of such and such a professor. This has been condemned by the majority of the students as an inquisitorial proceeding on the part of the professors. It is quite obvious that inscribed students will gain the favour of their respective professors, and that the non-attendance on lectures, justified or not, will be detrimental to the absentees. The existing regulations of the Madrid University state that attendance on lectures is not compulsory. The new measure of the professors is therefore an indirect attempt to force their lectures upon the students. It evidently deserves to be condemned in every way.

It is most important to set a list of all the forthcoming prizes of the Paris Academy of Medicine before the eyes of your readers, as they are liberally open to foreigners. It may be remarked that the comparatively large sum of 5000 francs (£200), forming part of the Prix Argenteuil, has just been bestowed by the Academy upon M. Guiseppe Corradi, of Italy, for his researches upon the urinary organs and their diseases.

The prizes which will be given by the Academy during the year 1870 include the following subjects:—

Prix de l'Académie: "On Traumatic Intercranial Effusions." 1000 francs.—*Baron Portal:* "On the Condition of the Bones, especially the Vertebræ, in Cancer of the Viscera." 1000 francs.—*Prix Bernard de Civrieux:* "Do Diathetic Neuroses exist? If they do exist, point out the special characters which each diathesis impresses upon each neurotic affection." 800 francs.—*Prix Barbier:* A prize of 3000 francs, to be delivered to the author of a means of

curing or considerably alleviating a disease hitherto considered as incurable.—*Prix Capuron:* "On the Precursory and Concomitant Phenomena of the Lacteal Secretion." 1000 francs.—*Prix Ernest Godard:* The best work "On a Question of Internal Complaints." 1000 francs.—*Prix Orfila:* "On Digitaline and Digitalis. Isolate digitaline. Make out the chemical characters which may, in medico-legal researches, serve to demonstrate the existence of digitalis, and that of digitaline. What are the pathological changes which these substances may leave behind in cases of poisoning? To what extent, and in what measure, may be invoked, and ought to be invoked, experimentation with the ejected matter on animals, with those discovered in the system, and with those produced by analysis, as an indication or a proof of the existence of the poison and of poisoning." 6000 francs.—*Prix Itard:* To the author of the best work or memoir "On a Question of Practical Medicine or Applied Therapeutics." In order that the works may have stood the test of time, they must have been published for at least two years. 2700 francs.—*Prix Rufz de Lavison:* "Establish by means of exact and numerous facts on men and on animals, passing from one climate to another, the modifications, the functional changes, and organic lesions which may be attributed to acclimatisation." 2000 francs.—*Prix Marquis d'Ourches:* A A prize of 20,000 francs for the discovery of a simple and ordinary means of recognising in a certain and undoubted manner the signs of real death." The express condition of this prize is that the means may be of easy practice, and may be employed by the most illiterate peasant. 2. A prize of 5000 francs for the discovery of a means of recognising in a certain and undoubted manner the signs of real death by the aid of electricity, of galvanism, or of any other proceeding requiring the intervention of a skilled person, or the application of knowledge, or the use of peculiar instruments or substances which are not within the reach of everybody.—*Prix St. Lager:* To the experimenter who shall have produced a thyroidean tumour by the administration to animals of substances extracted from the waters or the soil of countries where goitre is endemic. 1500 francs.

The prizes for 1871 are as follows:—*Prix de l'Académie:* "On Hæmorrhagic Jaundice." 1000 francs.—*Prix Baron Portal:* "On a question of Pathological Anatomy." 1000 francs.—*Prix Bernard de Civrieux:* "On the employment of Bromide of Potassium in Nervous Diseases." 900 francs.—*Prix du Baron Barbier:* As above. 3000 francs.—*Prix Capuron:* "On the Relative Frequency of Occipito-posterior Positions in the Head-presentation, and their Influence on the Labour." 2000 francs.—*Prix Ernest Godard:* To the best work on Internal Pathology. 1000 francs.—*Prix Amussat:* To the author of a work or of researches based simultaneously upon Anatomy and Experimentation, which will have most markedly contributed to the advance of Surgical Therapeutics. 1000 francs.

Obituary.

DR. ANDREW ANDERSON.

THE ranks of the profession in Glasgow have lately been thinned by death; but few of those carried to the rear will be more poignantly regretted than Dr. Andrew Anderson, who died on Friday, the 28th ult., in the fifty-third year of his age. The deceased gentleman was a son of the late James Anderson, Esq., Manager of the Union Banking Company of Scotland, and, consequently, a great-grandson of the distinguished founder of the Andersonian University—an institution in which the late Doctor held the Chair of Practice of Physic for well-nigh twenty years. He graduated in Medicine at the University of Glasgow in 1839, and was elected Fellow of the Faculty of Physicians and Surgeons of the same city in 1840. His contributions to the literature of the profession were "Ten Lectures introductory to the Study of Fever;" "Heads of Lectures on the Practice of Medicine;" and several papers on "Ophthalmia," "Scurvy," "Valvular Disease of the Heart," &c., in the *Edinburgh Medical Journal*. He filled the posts of surgeon to the Eye Infirmary and assessor to one of the medical classes in the University of Glasgow; while only two years ago he was elected President of the Faculty of Physicians and Surgeons. In this position, as well as in his rapidly-increasing practice as one of the leading consulting physicians of Glasgow and the West of Scotland, his scientific and general acquirements were winning for him an esteem which advancing years might prolong, but could not diminish. He leaves a widow and son to deplore a loss which will be keenly felt by the many who knew him as an able man, an accomplished physician, and a genial and steadfast friend.

COLLEGE OF SURGEONS.

WE understand that at the last meeting of the Council of the College, Mr. John Simon gave notice of the following important motion, which will come on for discussion in due course on Thursday next:—"That, for the future, in the opinion of this Council, the two offices of examiner and councillor of the College ought, as far as practicable, to be made disqualifications each for the other, and that a committee, with power to take legal advice, be appointed to consider and report to the Council as to the steps by which effect may be given to this principle, prospectively, as vacancies occur." We need hardly say that this resolution, if carried, will cut at the root of one of the greatest abuses of the College, against which we have for years protested.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary quarterly meeting of the College on Jan. 27th, the following gentlemen, having duly passed the required examinations, were admitted Members of the College:—

Poore, Geo. Vivian, M.B. Lond., University College Hospital.
Sutherland, Henry, M.B. Oxon., Richmond-terrace, Whitehall.
Woodman, W. Bathurst, M.D. St. And., Finsbury-pavement.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At meetings of the Court of Examiners on the 27th and 28th ult., the following candidates, having passed the final examination for the diploma, were duly admitted Members of the College:—

Atkinson, Arthur, Hull.
Briggs, Henry Middleton, Tipton, Staffordshire.
Buller, Frank, M.D. Toronto, Campbellford, Canada.
*Burdett, David E., M.B. Toronto, Belleville, Ontario, Canada.
Connolly, Benjamin B., Woolwich.
Daphtary, Girdharial Ratanlal, L.S.A., Bombay.
Frost, Richard Russell, Launceston, Cornwall.
Gillingham, Alfred, L.S.A., Peckham-rye.
Goude, Herbert, Finsbury-square.
Gray, Clement Frederick, Newmarket, Cambridgeshire.
Grover, John Pollington, L.S.A., Lewis.
Jelly, William, Edinburgh.
Leake, George D. N., L.S.A., Twickenham.
Lovell, William D., L.R.C.P. Edin., Croydon.
Lowe, Walter George, Burton-on-Trent.
Nettle, William, L.S.A., Liskeard, Cornwall.
Pearce, William, L.S.A., Holsworthy, North Devon.
Perigal, Arthur, M.B. Edin., Edinburgh.
Rees, William Carey, M.B. Melbourne, Melbourne.
Rosse, Henry John, Blaxhall, near Wickham-market.
Rowell, George, Dilston-park, Northumberland.
Russell, Logan D. H., M.D. New York, Wilmington, United States.
Skinner, James Charles, Tunstall, Norfolk.
Symes, Edmond West, Berkeley-square.
Temple, Thomas Cameron, Nottingham.
Thom, George, Tooting-common.
Thorp, Brook, Holmfirth, near Huddersfield.
Vickers, William, Doncaster.
Vines, Henry Jeckell Kendrick, L.R.C.P. Edin., Reading.
Wade, William, M.D. Toronto, Cobourg, Canada.
Walker, Archibald Dunbar, M.B. Edin., Edinburgh.
Widdifield, J. Henry, M.D. Toronto, Ontario, Canada.

* Passed under the old regulations.

Four other candidates were admitted to examination on the above-named days, but failed to satisfy the Court of Examiners, and were referred for a period of six months' further professional study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 27th, 1870:

Button, Horace Gooch, Abbey-street, Bermondsey.
Law, William Thomas, Great Dover-street, Borough.
Walker, Hugh Eccles, Chesterfield.

CHELSEA HOSPITAL.—A State Commission is to commence sitting on Wednesday next to inquire into the condition, management, and necessity for the continuance of the establishment of Chelsea Hospital.—*Pall-Mall Gaz.*

DR. ROBERTS, the present Demonstrator of Anatomy in University College, is recommended to the Council for election to the vacant post of assistant-physician in the hospital.

THE Wrexham Guardians have resolved to adopt the system of boarding out pauper children, giving 3*s.* per week for each child until it is thirteen years old.

THE NATIONAL CONSUMPTION HOSPITAL, VENTNOR.—The annual meeting of the governors of this charity was held on Tuesday at the London office, 2, Adelphi-terrace, Strand—the Right Hon. Sir Lawrence Peel in the chair. Mr. Neale F. Horne, secretary, read the report of the General Committee, which stated that the first pair of houses (the hospital being on the separate system) is now fully occupied by patients from various parts of the kingdom, and of different religious denominations. The second pair is rapidly approaching completion, but the committee are very anxious, before they authorise the opening, to have the prospect of an annual income sufficient for its maintenance. During the past two years and a half £5043 0*s.* 7*d.* has been contributed towards the funds, but little short of £20,000 is still required to complete the entire design, which embraces the erection of eight pair of houses, so as to accommodate over 100 in-patients. The committee refer in grateful terms to the warm interest displayed in the institution by her Majesty. Mr. Charles Hutton, in moving the adoption of the report, expressed his firm persuasion that, as this institution supplied a much needed want, public liberality could not fail to be largely extended towards it. Viscount Eversley was re-elected president, the Right Hon. Sir Lawrence Peel, chairman of general committee, and Dr. Arthur Hill Hassall, chairman of local committee for the ensuing year, and Mr. Frederick H. Leaf was elected treasurer. Votes of thanks were passed to the officers for the past year and to the chairman, who announced that the Duke of Grafton, the Duke of Marlborough, and the Earl of Derby had, during the past week, become vice-presidents of the institution, and had forwarded handsome donations to the funds.

THE WELSH FASTING GIRL.—The public are not likely soon to hear the last of the story of the unfortunate Sarah Jacob, the "Welsh fasting girl." There has all along been a very prevalent opinion that the evidence taken before the Coroner was very incomplete, and general dissatisfaction has been expressed because the medical men who had to do with the case during the latter days of the little girl were not called, with one exception, to give their evidence. The nurses from Guy's Hospital gave their evidence very satisfactorily, so far as they were concerned; for, from the nature of their work, they were clearly irresponsible, having simply to report to a committee what they saw and heard. The medical officers were in a very different position, having undertaken to superintend the watching, and guard against a fatal result. At first the public laid the chief blame at the door of those medical men who believed in the story of the girl's fasting, and reported favourably of her condition to within a short period of her death. This opinion, however, has undergone a considerable change within the past week or two, and many are now strongly of opinion that those medical men who did not believe in the girl's fasting, and saw her gradually sink as the watching progressed, but yet did not offer her nourishment, are the more blamable. Be this as it may, there is a considerable satisfaction expressed at the announcement that a magisterial inquiry will be held in a few days, and that the medical gentlemen who superintended the watching will be summoned to give evidence. In the meantime Evan Jacob, the father, awaits his trial, still professing his unshaken belief that his little girl lived without the aid of nourishment for more than two years. As yet counsel have not been engaged for his defence, though the assizes are near at hand.—*The Times.*

Medical Appointments.

BELL, J. H., M.D., has been appointed Assistant Medical Officer at the General Lunatic Asylum, Northampton, vice Charles Bernell, M.B., deceased.

CARTER, C. H., F.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Devizes Union, Wilts.

CLOUSTON, T. S., M.D., of Garlands, has been appointed Local Secretary to the Royal Albert Asylum for Idiots and Imbeciles, Lancaster.

COOKSON, E., L.S.A.L., late Senior Resident Assistant-Surgeon at the Public Dispensary, Leeds, has been appointed Resident Medical Officer at the Fever Hospital, Leeds, vice S. F. Bagnall, L.R.C.P.L., appointed a Medical Assistant at the Gloucestershire Lunatic Asylum.

CROFFT, Mr. R. S., has been appointed House-Surgeon to the South Dispensary, Liverpool, vice T. W. Evans, resigned.

EDE, C., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Shalford District of the Hambledon Union, Surrey, vice T. M. Butler, M.R.C.S.E., resigned.

ELLIS, Mr. H. D., has been appointed one of the Honorary Surgeons to the Bournemouth Dispensary, vice Mr. E. Lucy, resigned.

FARR, Dr. S. B., has been elected Medical Officer for District No. 1 and the Workhouse and Infirmary of the Andover Union; and Medical Officer for the Andover District of the South-western Railway Friendly Society.

HALL, A., M.D., has been elected a Vice-President of the Brighton and Hove Dispensary, on resigning as Physician.

HUDSON, R. S., M.D., has been appointed Resident Medical Officer in Charge of the Civil Wards at the Royal Albert Hospital, Devonport.

KIDD, W. J. P., M.D., has been appointed Medical Officer and Public Vaccinator for the Districts of Glenelg and Knoydart, in the Parish of Glenelg, Inverness-shire, vice Dr. J. Gillies, resigned.

LAIRD, S., M.D., has been appointed House-Surgeon to the Isle of Man General Hospital and Dispensary, vice H. M. Fothergill, L.R.C.P.Ed., deceased.

LARDNER, F. B., M.R.C.S.E., L.S.A.L., has been appointed Dispenser to the Worcester Infirmary, vice W. Kelsey, L.R.C.P., resigned, and appointed Resident Medical and Surgical Officer to St. Mary's Hospital, Manchester.

LENNOX, W. W., M.D., has been appointed Surgeon to the Prison, Hamilton, Lanarkshire, vice J. B. Wharrie, M.D., deceased.

LITTLE, T. E., M.B., has been appointed Surgeon to Sir Patrick Dun's Hospital, Dublin, vice B. G. M'Dowel, M.D.

LITTLEWOOD, J. J., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Woburn, Beds.

LOND, J., M.R.C.S.E., has been appointed Medical Officer for the Armley District of the Bramley Union, Yorkshire.

MERCER, A. W., M.R.C.S.E., has been appointed Medical Officer for the Little Warley District of the Billericay Union, Essex.

NAPPER, A. A., M.R.C.S.E., has been appointed Medical Officer for the Chiddingfold District of the Hambledon Union, Surrey, vice F. Lawton, M.R.C.S.E., resigned.

PENNINGTON, A., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 1 and 3 of the Warrington Union, Lancashire, vice R. Martin, M.D., resigned.

PRYCE, R. M., M.R.C.S.E., has been appointed Surgeon to the Montgomeryshire Infirmary, Newtown, vice Wm. Slyman, Extra L.R.C.P.L., deceased.

RUSSELL, J., M.R.C.S.E., has been appointed Medical Visitor to the Vernon House Lunatic Asylum, Briton Ferry, Glamorganshire, vice H. L. Prichard, M.R.C.S.E., deceased.

SHAW, Dr. R., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Kildare Dispensary District of the Naas Union, Co. Kildare, vice C. Watson, L.K.Q.C.P.I., resigned.

SMITH, J. P. M., M.R.C.S.E., who recently resigned as Surgeon to the Brighton and Hove Dispensary, has been elected a Vice-President.

STEEL, J., M.R.C.S.E., has been appointed Medical Officer for the Ovenden District of the Halifax Union.

STOTT, W. J., L.R.C.P.Ed., has been appointed Medical Officer for the new Workhouse of the Haslingden Union, Lancashire.

TICEHURST, A. E., M.R.C.S., L.S.A., has been appointed Assistant-Surgeon to the East Sussex, Hastings, and St. Leonard's Infirmary, vice John Underwood, resigned.

TOYNE, H. W., M.D., has been appointed Medical Officer for the Bradford and Berwick District of the Prestwich Union, Lancashire.

TURNER, J. S., M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Croydon Union, Surrey, vice Allen A. Duke, M.D., resigned.

WILLIAMS, T. H., L.R.C.P.Ed., has been appointed Medical Officer to the Workhouse and Fever Hospital of the Cootehill Union, Co. Cavan, vice G. B. Moore, M.D., resigned.

WOODS, J., L.R.C.P.Ed., has been appointed Medical Officer for the Bramshott District of the Petersfield Union.

WOODWARD, W., M.D., has been appointed Medical Officer for District No. 3 of the Worcester Union, vice Hilary Hill, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

DUNCAN.—On the 29th ult., at Buckingham Palace-road, the wife of Dr. Duncan, of a daughter.

HEARNDEN.—On the 24th ult., at Sutton, the wife of Wm. Alex. Hearnden, M.D., of a daughter.

HOOPER.—On the 27th ult., at Wandsworth, the wife of J. Harward Hooper, F.R.C.S.E., of a daughter.

LONGTON.—On the 30th ult., at The Priory, Southport, the wife of E. J. Longton, M.D., of a son.

ROPER.—On the 27th ult., at Granville-park, Blackheath, the wife of Arthur Roper, M.R.C.S.E., of a daughter.

RUDALL.—On the 14th of Nov., 1869, at Collins-street East, Melbourne, Australia, the wife of James T. Rudall, F.R.C.S., of a son.

WOOD.—On the 15th ult., at Great Burdfield, Essex, the wife of John H. Wood, M.D., of a son.

MARRIAGES.

BUHÔT—WATTLEY.—On the 1st of Dec., 1869, at Scarborough Church, Tobago, the Honourable W. I. Buhôt, M.D., M.R.C.S.E., and A.D.C. to his Excellency the Lieutenant-Governor, to Elizabeth Woodley Wattley, eldest daughter of his Honour the Chief Justice.

HOWSIN—BELL.—On the 25th ult., at Little Eaton, Derby, E. A. Howsin, M.D., of Newton-le-Willows, to Louisa Sarah Bell, daughter of the late R. J. Bell, Surgeon, of Reedness.

DEATHS.

BRIGHT.—On the 1st inst., at Cheltenham, Emily, widow of the late George Augustus Campbell Bright, Esq., formerly Garrison Surgeon, Bangalore, India.

COLEMAN.—On the 25th ult., at Henley-on-Thames, W. T. Coleman, M.D., aged 70.

DALSTON.—On the 24th ult., Thomas Dalston, Surgeon, of Brough, Westmoreland, aged 40.

DICKINSON.—On the 27th ult., at Leamington, Wm. Binley Dickinson, M.R.C.S.E., formerly of Macclesfield, aged 80.

HARDY.—On the 23rd ult., Wm. Thos. Sampson Ingram Hardy, M.R.C.S.E., of Albany-road, Camberwell, aged 67.

LEAMON.—On the 24th ult., E. F. Leamon, M.R.C.S.E., of Tavistock.

THOMSON.—On the 24th ult., at Hammersmith, Charles Thomson, M.D., of the Bombay Medical Service.

Medical Diary of the Week.

Monday, Feb. 7.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
ODONTOLOGICAL SOCIETY.—8 P.M. Mr. Oakley Coles, "On the Mechanical Treatment of Deformities of the Palate produced by Syphilis."
SOCIAL SCIENCE ASSOCIATION.—8 P.M. Mr. Thos. Beggs, "On the proposed Extension of the Contagious Diseases Act in its Moral and Economical Aspects."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Dr. Tilbury Fox, "On the Pathology and Treatment of Eczema, and, incidentally, the Influence of Constitutional Conditions in Skin Diseases." Lecture III.

Tuesday, Feb. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Humphry: "On the Architecture of the Human Body."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Dr. F. B. Nunneley, "On the Action of Citrate and Acetate of Potash and of Spiritus Etheris Nitrosi on the Urine in Health." — Mr. L. S. Little: "Case of Gold Plate with Artificial Teeth Swallowed, detected in Stomach, and removed."

Wednesday, Feb. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7 P.M. Annual Meeting for Election of Officers.—8 P.M. Oration, by Mr. Thomas Bryant.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Anniversary. President's Address and Election of Officers.

Thursday, Feb. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."

Friday, Feb. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. W. B. Carpenter, "On Temperature and Life in Deep Sea."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Gee, "On Scarlet Fever in the course of Bright's Disease."—Mr. Paget, "On Cancer following Ichthyosis of the Tongue."—Dr. Brunton (communicated by Dr. Sanderson), "On Angina Pectoris treated by Nitrite of Amyl."—Dr. Anstie: "The Nitrite of Amyl in Angina Pectoris."

Saturday, Feb. 12.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Scott, "On Meteorology."

THE NEW ST. THOMAS'S HOSPITAL.

THE Report of our Commissioner on the new Hospital of St. Thomas, Stangate, is in type, but is unavoidably postponed until next week.

Notes, Short Comments, and Answers to Correspondents.

CLINICAL TEACHING.

WE lately published an account of the internal economy of the great hospital at Vienna, and its resources for study. A few words might have been added on the industry of its professors, by way of comparison with a large proportion of the clinical teachers of the London schools. The crowd of students who attend Oppolzer's, Skoda's, and other clinics in the wards at eight o'clock in the morning, is a proof that the information obtained is felt to be worth the trouble of coming for it; and as the professor sets out with the idea that it is his business to teach, and not simply to get round the wards, it is easy for each individual to be sure of carrying away some piece of knowledge with him. Then, if he wishes to study skin diseases, he goes to Hebra's lecture-room, where the professor and the patient, like Van Amburgh and the lion, are enclosed in the centre of a convenient theatre; and while the patient stands on a table with his entire cutaneous surface displayed, the professor walks round him, and exhibits his "points" to the audience. If he visits the eye clinic, he finds a set of wards specially fitted up, and profits by the instruction of Professor Jäger. In the "sections-kammer" he sees assistant-teachers, with attendants to do the rough work, carrying out careful and systematic pathological observations under the personal superintendence of Rokitansky. In the obstetrical department, where children come into the world at the rate of twenty per diem, he has unequalled opportunities of witnessing the complications of labour, and dealing with them himself, under the direction of Professor Braun and his deputies. Besides all the public opportunities in these and other departments, the student who wishes to work up any special subject, such as the use of the ophthalmoscope or laryngoscope, or to go through any operative course, can join one of the classes of the numerous "privat-docenten," and for a very moderate fee obtain in a short time an amount of practice which he would look for in vain in London. It is much to be wished that a complete and effective system like this, or like those which prevail in Paris or Berlin, could be introduced in the schools attached to our large hospitals. There can be little doubt that as soon as the required alteration of the law has been made, and students are allowed to seek their knowledge where they can get it on the best terms, schools which rely on their reputation rather than on the excellence of their teaching must go to the wall. The well-wishers of St. Bartholomew's, for instance, whose effectiveness and reputation have been so much damaged by death, resignation, and misgovernment, cannot wish anything better for its interest than an importation from some foreign school of the element of systematic clinical teaching. The medical side of the staff, which has been left by recent losses without a distinguished man—without even a single F.R.S.,—is strongly interested in fortifying itself. Fathers of possible pupils, before they commit themselves to paying the high fees and extras required by this school, will note with some interest the use made of the present vacancy in the staff, and augur thence well or ill for the chances of improvement.

L.K.Q.C.P.—Our correspondent is very kind in dogmatically informing us that we are wrong. If he will consult the current Medical Directory, he will see that the College does not repeat the statement, that by the Charter of William and Mary it is empowered to give the title of Doctor. It has wisely accepted the clear ruling of the Master of the Rolls. The case of the licentiates is a very irritating one, and they have good ground to be dissatisfied with their College in misleading them. The title of Doctor of Physic is not known in law, as far as we are aware.

Dr. Lowe's paper on "Gastrotomy" (with cases) shall be inserted.

THE BOTTLING OF WINES.

To the Editor of THE LANCET.

SIR,—Seeing that you have contributed much to the health of the people by analysing the various wines which cheer us, you will, I have no doubt, supplement your services by calling attention to the proper bottling of wines.

I have two serious complaints to make on this subject. The first and most important has reference to the person employed in bottling, and the second relates to the bottle itself.

I am just now animated with disgust that an excellent bottle of wine, for which I pay 3*s.* 6*d.*, is utterly spoilt—rendered, in fact, nauseous in the extreme by being slightly tainted with *balsam of copaiba*. There is no doubt about it. Other bottles from the same stock are not so tainted, and this is not the first time that I have been obliged to throw away valuable property on the same account. Of course I shall not deal with the same merchant again; but this may not prevent the recurrence of the evil.

Many bottles are now made with the necks larger than the mouths, so that the cork does not fill up the gorge; air gets in, and the wine gets, as it is I believe professionally called, "pricked"—that is, sour.

I remain, Sir, yours, &c.,

February, 1870. T. W. C.

THE EXTENSION OF THE CONTAGIOUS DISEASES ACT.

It will be remembered that a great deal has been made by the opponents of this measure of the evidence given by Mr. Parson before the House of Commons' Committee respecting the alleged examination of modest women. It was stated that in one instance, at any rate, a great outrage had been inflicted on a married woman, and it has been urged that any practicable system of registration and examination would cause mistakes of the same kind on the part of the police to be of occasional if not frequent occurrence. The following communication, placed at our disposal by Mr. Berkeley Hill, puts the case at Portsmouth in its true light, and it will, we hope, serve to dispel the fears which some of the opponents of the Act are so industriously raising. We perceive that a meeting has been held at Canterbury with the view of memorialising the Secretary of State for War as to the way in which the Act is carried out there. We must say that it seems to us that the position, in the very centre and most thickly populated part of the city, selected for carrying out the operations of the Act is open to grave objection. It would almost appear as if the authorities had been desirous of exciting discontent and irritation among the inhabitants by their mode of procedure.

24th January, 1870.

MY DEAR SIR,—When the woman alluded to by me in my evidence before the Committee of the House of Commons came before me as visiting surgeon, I recognised her, and believe said to her that I was sorry to see her in her present position. In reply she declared that she was a married woman, and was not nor ever had been a prostitute. On inquiry of the police I learned that she had been seen in company with prostitutes, and intoxicated, coming out of a brothel, when she even accosted one of the police officers. On hearing this I told her that I feared she had only herself to blame; to which she said that it was so, but that it should never occur again, for if her husband heard of her being obliged to come to the hospital it would probably be her ruin.

Under these circumstances, and knowing the truth of her being a married woman, I allowed her to go, and she has never been before me since, neither has any similar case occurred. I cannot but think that when the facts are known, some at least will cease to condemn what we both believe a most desirable Act of Parliament. Yours very truly,

Berkeley Hill, Esq. E. K. PARSON.

Mr. Charles Jenkyns.—We cannot get information from the College on the point in question. If our correspondent consults recent Medical Directories, he will find that the College has made various alterations in regard to the titles it grants or confers. We see the same objection to attaching the title "Physician" to the licence of this College as applies in the case of the licences of other Colleges.

Dr. Robinson's (Dublin) paper shall appear in our next number.

"ADDISON'S DISEASE WITHOUT BRONZING OF THE SKIN."

To the Editor of THE LANCET.

SIR,—It has been a matter of regret to me since the publication of my letter on this subject in your issue of the 1st instant that Mr. Power, who contributed an article, headed as above, in THE LANCET of December 11th, should have failed to give myself and your other numerous readers some further information regarding the case which formed the subject of his paper, and concerning which I made some interrogatory remarks in my letter published in your columns.

Although, in imitation of your article of the 11th ultimo, I have used the above heading in this and my former letter before alluded to, I cannot forbear remarking that I consider it to be completely paradoxical. As the disease described by Addison was a disease of the supra-renal capsules, accompanied by or producing bronzing of the skin, therefore any disease, even though it be of those capsules themselves, which does not produce or is not accompanied by this bronzing cannot be looked upon as a specimen of Addison's disease. The essential element of the malady described by him is the peculiar cutaneous discoloration, which, although previously remarked by many, was not until the promulgation of his views regarded as coincident with an abnormal condition of the supra-renal bodies.

What the exact condition of the capsules is appears as yet to be quite as mysterious as the relation between that condition and the remarkable bronzing of the skin visible in those cases of true morbus Addisonii. My attention has lately been directed to an instance brought before a scientific society, where there was the characteristic cutaneous bronzing; yet, on post-mortem examination, no disease of the capsules, and but little enlargement of those organs. This most probably was the disease in its early stage. Indeed hypertrophy is the most likely condition in the onset, as the softening or drying up into a cretaceous mass is said to be the final.

In Mr. Power's case the supra-renal capsules are said to have been much enlarged, and tubercle to have been present in the lungs; he did not say whether they were observable in the supra-renal bodies or not. It is allowed that tubercular deposition in these organs does not give rise to bronzing of the skin, and in cases where tubercles are present in any organ, we may expect to find them likewise in the lung. This point has been long since pointed out by M. Louis, and verified by nearly every observer.

In the case of "Addison's Disease without Bronzing of the Skin" recorded by Mr. Power, there was no allusion made as to whether the disease in the beginning was referable to any particular cause. Dr. Greenhow, at a recent meeting of the Pathological Society, stated that he had generally traced it as resulting from some injury. In a case reported by me, and in which I had the advantage of an autopsy, I could not on inquiry discover anything whatever from which such might arise. In another, however, the symptoms supervened subsequent to a severe attack of peritonitis.

I am, Sir, your obedient servant,

South Molton, Jan. 30th, 1870. FRANCIS E. CLARKE, B.A., M.B.

A CORRECTION.

A CORRESPONDENT writes to say that Mr. Price's (Treforest) name is in the last edition of the Medical Directory. His address being therein given as of Craig Alva, Pont y Rhyd, Glamorganshire, led to the error.

Mr. L. Russell.—No; only as a qualification in Surgery.

A. B.—Stöhrer's batteries are made of two sizes—with one and two cells; the former being sufficient for all ordinary medical purposes. The prices at Dresden, of the manufacturer, are £3 and £4 10s. respectively. They are imported, we believe, by Pratt, of Oxford-street, who charges £4 10s. and £6. They may probably be obtained from any instrument maker.

Mr. R. T. Atkins, (Weymouth.)—Send a short report.

SUPERVISION OF LUNATICS.

To the Editor of THE LANCET.

SIR,—Will you allow a chaplain of long experience in a lunatic asylum to say a few words in defence of the medical officers of such institutions?

Of the recent case at Lancaster I know only what has been inserted in the public prints; but I know the superintendent to be a most kind-hearted, careful man, and I do not think anyone can suffer more than he must have done from the late accident; and I conclude from the post-mortem examination and from the evidence of the officers that they have done all that men could do; and, as a result, two men are to be tried, one for murder, another for manslaughter.

It is not neglect; it is really the very strict supervision exercised over the attendants that detects every act of violence, and brings these sad cases to the public notice. Had you been, as I have, in daily communication with medical men and attendants on the insane, you would understand the difficulties of the situation. The medical man requires care and attention, and sees as far as he can that everything is done for his patient. The attendant is seldom up to his requirements. It needs an almost angelic patience to submit to a blow, or to coarse brutal language for many long hours, without resenting it; and notwithstanding frequent dismissals, and every endeavour to find suitable men, the applicants for the office of attendant are few; and when dismissed, their papers are stamped, in order that medical men may inquire the character of any attendant whom they may engage.

It is a sad exaggeration to speak of "attendants travelling on their knees up and down patients," and it is yet more cruel to suggest that "medical superintendents have abundant proofs of the existence of the practice." I should say that the suspicions were rare, the proofs always difficult to obtain. A daily life of free access to an asylum of 1000 patients has not revealed this practice to me in nineteen years, although we have not been without accidents. The last, however, was not to a patient. A male attendant, fresh to his work, (injudiciously perhaps) tried to remove a strong young man from a room; the patient turned on him, threw him, fell on him with all his weight, breaking his arm badly, and injuring him for life. I have really no interest in writing to you beyond a most earnest sympathy with those whose painful duty it is to be in daily contact with the insane. I send you my name in confidence, and you may ask if you like whether my poor flock think I care for them or neglect them; but I ask of you, as the director of a medical journal, not to give currency to unjust imputations upon men entrusted with heavy responsibilities, and not to recommend the ruin of a very useful body of rising medical men.

I believe very much remains to be done for the insane; but I know that very much has been done, and another Esquirol would not find England as it was once. Medical men look on insanity from the most humane point of view—are watchful, generally careful, always anxious, and certain to dismiss a man for roughness, not to speak of cruelty, which would not be tolerated for a moment. I do not believe any injuries escape detection, so constant is the examination, so certain the discovery; and if cruelty exists, it is never long undiscovered, and never unpunished.

I hope we have raised and are raising men to do good service to the afflicted by insanity, and that living daily among the insane we do not lose thereby our sense of pity for, or duty to, the most suffering of all God's creatures. Your obedient servant,

January, 1870. A RESIDENT CHAPLAIN.

To the Editor of THE LANCET.

SIR,—Having allowed the Earl of Shaftesbury to reply to your strictures upon the Commissioners in Lunacy, I trust you will grant me space to say a few words in answer to those on attendants on the insane.

In your article on the Treatment of Lunatics you say: "It is said to be a common asylum practice for stout attendants to travel upon their knees up and down the prostrate bodies of unpleasant patients." During the past year we have had three cases in which patients have died under suspicious circumstances. Speaking at hazard, there are about 30,000 patients in this country in charge of about 3000 attendants. Accepting all the above cases in which death has resulted from the violence of keepers, and allowing 4 to each case, we have 12 men out of 3000 who have proved themselves unfitted for the posts they occupy. I do not wish to say one word in their defence; but while the man who breaks down at his work (and such work requires little less than the patience of Job, the courage of a soldier, with the tact of an ambassador for its proper performance) is constantly paraded before the public, and pointed at as a sample of what we are, is nothing to be said for those men who make the welfare of those committed to their charge their life study, while the injuries received by patients are themes for incessant lamentation? Is nothing to be said for the attendant, whose life is shortened, and in some cases brought to an untimely end by the violence of patients? Is nothing to be said of the broken limbs, ruptures, strains and thousand lesser evils encountered by attendants at their work, or the repulsiveness of a great deal of that work?

That there might be a great improvement in seeking better men in the first place for attendants I allow; and, with your permission, I will in a second letter make a few suggestions on this head.

Your obedient servant,

Liverpool, Feb. 2nd, 1870. J. C. BEST, Attendant on the Insane.

*** The insertion of Mr. Best's letter gives us an opportunity to observe that we fully recognise the good intentions of many of his class, which, doubtless, contains large numbers of excellent men, fully worthy of the trust reposed in them. We fear, also, that it contains many who could not be so described; and we altogether deny that the cases of rib-fracture exposed by the press include all that occur. We must remind our correspondent that it is impossible for us to separate the innocent from the guilty; but that this separation might be greatly assisted by determinate action on the part of the better class of attendants themselves.

THE BRADFORD INFIRMARY.

IT is, we understand, proposed to increase the number of surgeons to the Bradford Infirmary from four to six, the number of patients in the infirmary never being quite a hundred, of whom nearly half are usually medical cases. There is no attempt to show numerical insufficiency on the part of the surgeons, who are all under fifty, and active. They are unanimously opposed to the increase, on the ground that the appointments do not even at present bring sufficient hospital practice, considering the time they necessarily consume. The existing laws for the election of surgeons are very liberal to the profession outside, as each surgeon is only appointed for ten years, after which he is eligible for a second term of ten years, but not for a third. As a matter of fact, re-elections after the first term are not by any means the rule, even when the surgeon is willing to serve again. The reasons given for attempting to increase the surgical staff are that the two physicians' posts are vacant, and that the present surgeons decline to do anything but the surgical work for which they were appointed. But as it is most probable that at least one physician will be appointed in a few months, and it is well known that the physicians' appointments could be filled at once by relaxing the rule excluding general practitioners, it certainly appears unadvisable to add to the number of the surgical staff. As we have had occasion to point out before, it appears to us most undesirable that "physicians" to country infirmaries should be under any greater restrictions than the surgeons. The latter practise midwifery, dispense their medicines in many cases, and are, in fact, leading practitioners. Why should those suffering from so-called *medical* diseases require a specially restricted gentleman to attend them? and why should the cruelty be perpetuated of requiring a practitioner to abandon the most lucrative portion of his practice, and starve himself and his practice for the sake of antiquated prejudices?

Cymon.—We do not prescribe. Apply to the nearest medical man.

THE COLLEGE OF SURGEONS EXAMINATION.

To the Editor of THE LANCET.

SIR,—My necessities compelled me to go up for the membership of the College of Surgeons a few days ago, and I will now enlighten your readers as to the manner of "passing the second."

Part the First. The student presents his schedule and certificates to the spirit who guards the entrance to the sanctuary. The signatures are narrowly examined, and condescendingly approved. The thankful student retires from the curiosity in the glass-case, and is informed by post that he must be ready with the fee by 10 A.M. on a certain day. By this time he has made discovery number one—viz., that the registration at the College at the commencement of each term is not necessary in the slightest degree. It is believed by him now to be an innocent ruse on the part of the authorities to get him into the museum once or twice a year.

Part the Second. The morning of the written examination comes. The student is particularly requested to be down at the College precisely at 10 A.M. Of course he doesn't get to sleep the night before till two or three in the morning, because he went to bed early, to be nice and fresh, and he's not used to it. He rises rather late; he lives four miles from the College of Surgeons; and after a cup of coffee that nearly strangles him, he's in such a hurry, he gets a cab. He suffers an agony in that cab. He knows he was always a lazy, dilatory dog, and now his fate has arrived, and the spirit of Punctuality is about to have sweet revenge. The Hansom is more horrible than the black hole of Calcutta would be if it were utilised as a funking room. But "foolish youth" (having been in the cab once myself, I would apostrophise him thus): "Foolish youth! though thou art rash and intemperate in thy motion, thy *alma mater* is as staid and sober as an old woman. She is considerate of thy weakness, and knowing of thy inexperience she calls her at 10, but she means 11." He finds that he might have made less speed, and fared better; for, excepting the exhibition of a board, on which "*No change given*" is printed, the authorities make no sign for an hour or so of commencing the business of the day. If he be lucky, by 11.30 or 12 he may be allowed to pay his fee, and receive his number; then be told to depart, but be back *punctually* at 12.30. Now what, in the name of all the examiners, is he to do for this odd, uncomfortable hour or so? Why he either beers, smokes, lunches (dyspeptically), funks, or, if he be very sedate, confuses himself by looking at the pickles in the museum. Chafed, wearied, and grumbling, he returns; still they keep him waiting. The authorities have not even decided on the seats the men shall occupy. At last he is bawled into the theatre by number, and, after waiting again for a variable time, the Court opens.

Part the Third. He is ordered again to be punctual, this time at 4.30 P.M., for his *viva voce* examination, but he might safely be an hour later. The student is examined for fifty minutes altogether, if he take medicine up; forty minutes if surgery alone; and, though the result may be well known by seven or eight o'clock, he is kept waiting till half-past ten before he is officially informed. So that for the College to conduct a fifty minutes' examination, involves an expenditure of six hours. The reward, however, for all his worry and delay comes at last. The young man, of course, will have his diploma, and he can show his friends the genuine thing that looks like parchment, but isn't. It is quite true he has passed; he is carefully informed that he need not be a militiaman, and, if he like, may go in for the Jacksonian Prize, but he must call again for the diploma. To-morrow will do. Yes, the officials will be perfectly at liberty then; or the day after to-morrow, or any day next week, but certainly not to-night! He lives in the suburbs, does he? Will lose half a day to come down to-morrow. Pity, dear me; but it's not usual, indeed it is not usual. To give him the diploma would create enormous confusion! If he were going to India by the first train in the morning, or up to the north of Scotland by the night mail, why then, under the circumstances, they might perhaps, &c. &c.

Now, seriously, Sir, cannot all this bungling be easily rectified? Cannot the fee be taken with the schedule? Cannot an hour be named, and kept, nearer noon? Cannot the seats be arranged before we enter the room? Cannot a man be allowed to leave the College after his examination? And lastly, after the diplomas are signed and sealed, cannot they be distributed?

In conclusion, allow me to state that there is widely-felt discontent on the subject.

Your obedient servant,

January 29th, 1870. PANURGE.

PROPOSED DERMATOLOGICAL ASSOCIATION.

WE have received a letter, designed for publication, which announces the intended establishment of a "Dermatological Association," chiefly for the purpose of reviving the defunct monthly, which its founder, we presume, would now call a "Journal of Kutaneous Medecine." The present business of the profession is the amalgamation of *special* Societies, which have hitherto been sources of weakness rather than of strength, and we trust that the present scheme will be strangled in its birth by the general consent of all authorities on the subject.

J. P.—We must decline inserting letters upon this subject, which is worn threadbare. Our correspondent, doubtless without intending it, takes all meaning and force out of the ruling in question, which seems to us as clear as words can make it. The College shows its opinion on the point by omitting in the current Medical Directory the statement that by the Charter of William and Mary it was empowered to grant a title.

Mr. David Read (Barnard's-inn, Holborn) is thanked for his offer, which, however, the extreme pressure on our space compels us reluctantly to decline.

BRITISH MEDICAL BENEVOLENT FUND.

THE Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the receipt of the following additional donations as the result of the appeal published in the medical journals:—

Bull, Dr., Hereford	£2	2	0
Herbert, R. Heywood, Esq., Uttoxeter ...	1	1	0
L., ——, Leominster	1	0	0
Savory, Dr. Chas., Mildmay-park, N. ...	1	1	0
Sylvester, George, Esq., Trowbridge ...	2	2	0
Tartle, Frederick, Esq., Woodford	2	0	0

Further amounts will be thankfully received by Dr. Thorne Thorne, 42, Seymour-street, Portman-square, Hon. Sec. for the finances.

M.D., (Glasgow.)—We had only the newspaper accounts of the institution, its objects, and its patrons before us, and we wrote without the least misgiving that we were entertaining a specialist unawares. We shall be obliged to our correspondent if he will forward to us a copy of the "numerously and influentially signed memorial" at his earliest convenience, and we shall then be in a position to determine whether in their accounts of the institution the newspapers were "economists of truth."

Halifax, Yorkshire.—Dr. Alexander should have been contented with the *professional* publicity afforded him by THE LANCET.

Mr. B. Bertrand.—Our correspondent's undertaking deserves all encouragement, and we wish it success.

THE letter of *One Dissentient* shall appear in our next impression.

BRIGHTON AND HOVE DISPENSARY.

To the Editor of THE LANCET.

SIR,—I am glad to see you have taken note of the well-deserved compliment paid to Dr. Hall, our late senior physician, who, on retiring, was made a Vice-President in recognition of his able gratuitous services to the institution. I think, however, justice will hardly be done to the generous appreciation of professional services on the part of our Board unless the above announcement in THE LANCET is rendered complete by the additional fact, that Mr. J. F. M. Smith was at the same time paid a like compliment, and made a Vice-President, in acknowledgment of the great value, zeal, and ability of his services as honorary surgeon.

I am, Sir, yours obediently,

Queen's-road, Brighton, Feb. 2nd, 1870. E. BRANWELL, Hon. Surgeon.

Mr. Maurice G. Evans (Narberth) is thanked. It only aggravates the culpability of the subordinates and the remissness of the superintendent to find that at the Joint Counties Asylum in Carmarthen the charges for the maintenance of pauper lunatics are higher than at any other asylum in England.

INDIAN MEDICAL SERVICE.

WE regret very much that a document forwarded us is of such great length that we cannot afford space for its insertion; but we may have occasion to make use of the information hereafter.

Mr. W. H. Clough (Royal Medical Society, Edinburgh) must content himself with the opportunity afforded him of ventilating his very original views in the *Edinburgh Evening Courant*.

Toujours Prêt.—Refer to THE LANCET of July 3rd, 1869, page 12.

Mr. Junius Hardwicke.—Our correspondent's case is a hard one; but we must be guided by the Master of the Rolls rather than by Dr. Neligan, and by the Medical Directory of 1870 rather than that of 1869. If Mr. Hardwicke consults the later Directory, he will find the statement he refers to conspicuous by its absence.

Dr. Braxton Hicks's communication, owing to its length, on the "Amalgamation of Medical Societies," must stand over till next week.

Mr. William Saville.—We like to write our own answers.

EXCISION OF THE KNEE-JOINT.

To the Editor of THE LANCET.

SIR,—In the review you were kind enough to insert upon my book on "Injuries and Diseases of the Knee-joint," is a criticism upon some measurements of an after-excision limb, which are found at p. 143. I was not myself responsible for those measurements; but I plead guilty to carelessness in not discovering the error which has been committed. Fortunately I am able to correct it. The boy from whom the measurements were taken was seen a few days ago, and he has not grown since December, 1865, the date of his last measurement. He is 4 ft. 11¼ in. in height—not 4 ft. 9½ in., as stated in my book. This, of course, corrects the error. The measurements of the tibia are quite correct, the left tibia being half an inch shorter than the right.

I am, Sir, yours faithfully,

Devonport, Feb. 1st, 1870. W. P. SWAIN, F.R.C.S.

Mr. Bott.—The use of the title "Surgeon" in the case specified is enough, we think, to justify prosecution under the Medical Act. The medical practice described constitutes a breach of the Apothecaries Act; and if the facts were well and clearly stated to them, the Apothecaries' Society would probably co-operate with a local Society in prosecuting.

A Victim to Quacks.—There are plenty of practitioners in Stoke Newington who could treat our correspondent's case with success. The stamps forwarded are left at our Office.

Mr. P., jun.—1. Grally Hewitt's work on Diseases of Women.—2. Hoblyn's Dictionary of Medical Terms.

J. W. C., (Osman House.)—The subject referred to has received attention.

THE LADIES AND THE CONTAGIOUS DISEASES ACT.

To the Editor of THE LANCET.

SIR,—I have read very attentively your remarks on the Contagious Diseases Act, and I beg leave to offer a few words upon the following extract from the article referred to, as it is the only portion with which I am concerned to criticise your views on this subject at the present time. The paragraph to which I allude is this:—"It is a remarkable fact that the only lady possessing the education that peculiarly qualifies a person to form a correct judgment should have pronounced so decidedly in favour of the Act, and we earnestly trust that the lesson will not be lost."

I may state the impression which the singular circumstance has made upon my mind of one lady having publicly announced an opinion on this important subject, in opposition to the united voice of her sex. If this is, as I presume it is, the result of a medical education, then the accession of women to its ranks will be no gain to the profession, neither will the female physicians nor their suffering sisters benefit from such medical training. I have ever welcomed the idea of training women to the medical profession as a means of introducing a new and most desirable element, by which medical subjects might be viewed in a wider aspect than at present. I say it with due consideration; but I do think that the strictly "medical point of view," from which members of the profession, as a rule, regard some of these important questions very much interferes with the benefit which their advice and practice might otherwise confer upon the community. There are many subjects—the present one notably—which cannot be usefully considered apart from its moral elements. Indeed the *moral* side is the most important to deal with, and that is the opinion of the ladies who form the Association, and of the clergymen and others who are interesting themselves in this matter; but you and your medical brethren turn your attention exclusively to the consequences of the evil, instead of attacking the evil itself. The great mistake is in the assumption that prostitution is a necessity of our civilisation (?) *It is no more necessary than drunkenness or any other vice*, and it is a discredit to the medical profession that they ignore this physiological fact. But I cannot enter further on these considerations. My only object in addressing you is to point out that the value of one woman's vote is very unimportant when compared with the overwhelming opinion expressed by her sex through the medium of the Ladies' Association. I should say, in parentheses, that I am not a member of that Association, but that I write quite independently and from my own conviction as to the justice and common sense of the cause which I advocate.

You indulge in an ill-suppressed sneer at the "matron who has such a lively horror of smoothing the path to vice in her sons;" but surely you will admit that wives and mothers have a very near and dear interest in this subject, and in the aggregate they form a large portion of the public concerned in the question. Moreover, the feminine instincts (when not spoiled by professional training) point out the more subtle considerations which lie beneath the surface. I think the matrons may be trusted on this matter in preference to the medical profession; and I hope, therefore, that the voice of my sex will prevail, aided by the far-seeing, large-minded men who have allied themselves to the cause.

I am, Sir, yours obediently,

January 29th, 1870. A WIFE AND MOTHER.

*** Our correspondent has entirely mistaken the spirit, if not the letter, of our article. We have ignored neither the moral nor the religious aspect of the question. We have always regarded these in the light that Mr. Maurice has done, which we believe to be the true one. The good influences that have been brought to bear under the existing Act upon young prostitutes have been ignored, and we have to complain that well-meaning people have not taken the trouble to inquire into the facts, or they would have discovered how many had been reclaimed and restored to their friends. Police surveillance has exercised a decidedly deterrent effect upon the young—at least such has been the experience of those who have the means of knowing. We indulged in no ill-suppressed sneer when we urged that wives and mothers ought not to forget that their daughters and their daughter's daughters might reap the retribution of sins not their own. Prostitution is not the effect of *our* civilisation. Its existence is a fact, and a very old fact. By all means try to extirpate it; but the history of the past and a knowledge of human nature do not encourage us to believe that the attempt will be successful. Until such a desirable result has been brought about, let us endeavour to accomplish something. Let our correspondent study Miss Garrett's letter with care, if she has not already done so.—ED. L.

G. B. B.—Oxford will supply the education required. Our correspondent will find all the information he wants as to "exhibitions, lectures, &c.," connected with that seat of learning in the *Oxford University Gazette*, of which the first number has just been issued by the Clarendon Press.

Scrutator had better raise the visor of anonymity, and enter the lists *in propriâ personâ*.

M.D.—There is no fee allowed for such certificates. All the recognised fees are for oral evidence. Our correspondent's claim would be against the person to whom the certificate is given.

Tertius.—The degree in question is not registerable, and therefore is of no value in practice in the United Kingdom.

CHOLERA IN RUSSIA.

THAT information had been received in this country some time ago of the prevalence of cholera in Russia was pretty well known; but the details did not reach us. The official journal of St. Petersburg, as we learn from the *Pall Mall Gazette*, in a recent number, published an abstract of the reports received up to the 4th ultimo by the medical department. It appears that at Orel the epidemic is diminishing. The number of cholera patients between the 23rd and 30th of December was 36, 13 of whom had recovered, and 22 died; 17 of the patients were in the town hospital, and 6 of these have since died. The cholera has also broken out at Roslaff, in the government of Smolensk. At Kieff the number of cholera cases was small, but they were of a very virulent character. In one-half of the cases the appearance of the disease was preceded by a disturbance in the nervous system. This was generally produced by want of sufficient nourishment, and sometimes, though rarely, through a cold. In the other cases the patient was attacked suddenly, mostly at midnight, and, after violent diarrhœa, sank rapidly, and died in twelve hours, the symptoms just before death being those of asphyxia. Kieff is the centre of the present epidemic; but how it originated there is no evidence to show. The first case of cholera occurred in the middle of May, when a soldier died of the epidemic in the military hospital. A second patient died of cholera in the same hospital a month later. The number of cases increased in frequency during the months of July, August, and September; in October the disease reached its climax, and by the 16th of November it had disappeared altogether. At the end of September it broke out in the house of the governor of the town, where it successively carried off the housemaid on the 19th, a footman on the 20th, the governor's daughter on the 21st, and the courier on the 23rd.

A Yorkshire Practitioner.—We think our correspondent should attach his name to the communication in reference to the Glasgow Infirmary.

M.B.—Not properly, in our opinion.

THE *Editor of the Malvern News* is thanked. *I pete finem!*

CARDIFF INFIRMARY.

THE point at issue between Dr. Buist and the staff shall be gone into next week.

AN "ERRONEOUS MISTAKE."

To the Editor of THE LANCET.

SIR,—In reply to a correspondent in your last issue, you state there is no such person as "Dr." Kernot, "M.R.C.S.," Chrisp-street, Poplar, on the Register. My name has been on the Medical Register since the year 1861. It is an erroneous mistake, as I never style myself "M.R.C.S." Allow me to state that the misapplication is entirely owing to the reporter of the *Tower Hamlets Express*, and without my sanction.—I am, Sir, yours, &c.,

J. C. KERNOT, M.D., L.S.A. Lond.,
Chrisp-street, Poplar, Feb. 1st, 1870. L.D.S. R.C.S. Eng.

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Bristol Daily Post, Scarborough Gazette, Welshman, Carmarthen Journal, Lincolnshire Chronicle, Whitehaven News, Australian Medical Gazette, Malvern News, Eastbourne Gazette, Gibraltar Chronicle, Western Mail, Durham County Advertiser, City Press, Cardiff Times, Brighton Gazette, Sheffield Daily Telegraph, Midland Counties Herald, Halifax Courier, Weekly Northern Whig, and *Indian Medical Gazette* have been received.

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